

0284670	EC 30	85	FOR STATE REGISTRAR			DEI	PARTMENT C	ATE OF MAR FHEALTH AN FIFICATE O	D MENTAL HY		, NO.	<b>)</b> 3 3	
3 75			EASED NAME DR PRINT) Geon	rge W.		ham		LAST		12-19		DAY YEAR	26 HOUR 0445
ge 4 moy actor, peop		I. SEX	nale	4.	RACE whi	ite	M	E OF BIRTH		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
And the state of t	33	M	THPLACE (STATE OR F DUNTAY) ary land		U.S.A		NTRY? II. MAR WIDO	RIED   NEV	ER MARRIED DIVORCED	9. BALTIMORE CIT	y's Cour	nty	MD.
10	7/1		YORTOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIV	OURSING HOA E STREET ADDRESS) ans Ho		NSTITUTION	120. USUAL OCCUP (TYPE OF WORK FOR MC Retired			F BUSINESS OR
AND 31	2	M	riotte LRESIDENCE (IF NURS IATE aryland	Baltir	nore	136. CITY O	E BEFORE ADMISSI R TOWN	YES _	NO 10	13e STREET ADDRE		oad - B	22 atto 22
MARTIN MARTIN	13	)	HER'S NAME FIRST George	7	DDLE		acham		er's MAIDEN NA Wilhelmi	ina		las ?	1
be even	12		AS DECEASED EVER (S. NO OR UNKNOWN) Yes	IN U.S. ARME (IF YES, GIVE W WW	ED FORCES? VAR OR DATES)		9-6345			Beacham -3	dress 472 Dun	haven R	d. 21222
V. PRESTON ST., BA the death certificate the attending physic remarks, as removal	her Traumatic event, if		Canditions, if any, gave rise to immocouse (a), statin	MMEDIATE which	DUE TO, OI	card RASACON Org	iopulr SEQUENCE O	raian	syndr			BETWEEN	MAYE INTERVAL ONSET AND DEATH
CORDS, 201 V	ony injury, or of	ATION		HIFICANT CO	ncepha	lopa				MINAL DISEASE OR C		VEN IN PART 110	
ALREC The faw cron. e has be	5	STIFIC					WINCH OF EKS			YES NO	IN CERTIF	YING CAUSES	
DIVISION OF VITAL RECORDS ING PHYSICIAN: The faw require retaining physician. Were this certificate has been sign of the buriot-transit permit. The hand Mental Hygene priorine.	hem 18	CAL	21d. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEATH CAL EXAMINER)	P.	M. MONT M. OF INJURY	OFFICE, FARM ETC	9 211 LOC		RRED (ENTER NATURE OF	OR FOWN	COUNTY	STATE
OR ATTENDING e hospital or a DIRECTOR: Afte	21 is mod		If a t certify that (II) saw tell-steeper (III) (we) in	(this hospital			from		19	to 12	e date and hou	r and from the	
			22d. PHYSICIAN'S NA	$\vee$			mc.	DEGREE		MEDICAL DIRECTOR PH	STAFF YSICIAN [	12	79/86
TO HOSPITAL retained by the TO FUNERAL should be detrieved the Store	MPOR		Ronald	J. Ros	ss MD	9 - 14		В	ox 26	2 C,Prin	ce Fre	derick	, Md.
BP		23a. 8	JRIAL, CREMATION, PECIFY) Burial	REMOVAL	23b. DATE 12/22	/86	Oak		OR CREMATORY	23d LOCATION CITY OR TOW		COUNTY Baltimor	state ce. Md.
DHMH - 16 50M - (VRA 15, 4)	4/82		NERAL DIRECTOR Valter Dabi	rowski	- 1005	Dunda	DRESS.	21:	220tt 2	2 1986 A	25b. REGIST	TRAR'S SIGNAT	URÉ

I STUTO THE MILESTER en cos al como en George V. Peachast Starthelining V. Peachast i - -- care l'emeries de dencemperatife authorité de l'estate

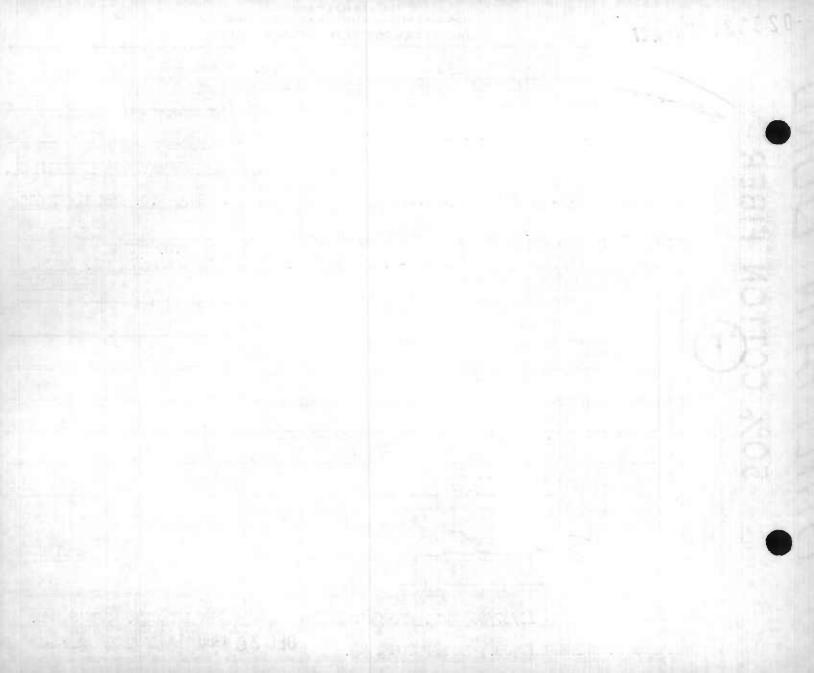
The .oromisise r

eurlo 12/2%/86 doi: 6\* alcoro..aro.sm - 1 do bundolk venus xarkr

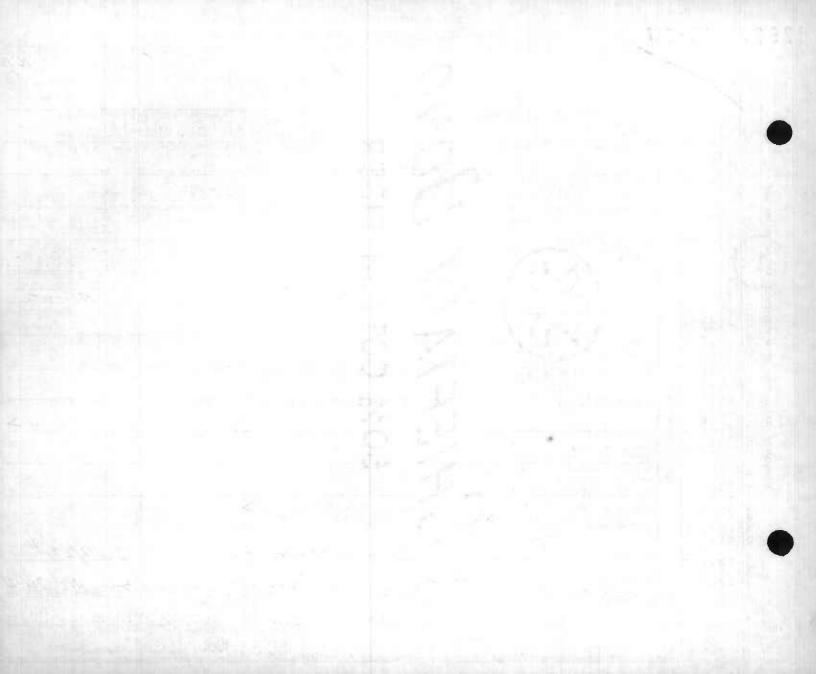
20500	2		E/NR	200.00	STATE OF MARYLAND	8 6 3	6 3 9 0
28582 DE	C 31	88	STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	0 0 0
			REGISTRAR CLASED NAME FIRST	MIDDLE	(ASI	REG. NO.	i
v 74	1		DEPENCY.			20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
ay b	4			ELIX ONER	BEAUREGARD		986 6:00PM
	U	1.5E		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	NONTHS DAYS HOURS MIN.
8 8 8			ALE	WEITE	MARCH 12,1907	79 YRS	
1 TO 4	17	70. 15	RTHPLACE   L'ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	3/		RUNSWICK, MAI		WIDOWED   DIVORCED	St. Mary's	
1 11-	1/	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
10 5 6	76	1_	Leonardtown	St. Mary's			
Post post post post post post post post p	4 -	USU.	AL RESIDENCE (IF NURSING HOME C	DR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP CODE	21153
AND SE SE	2	M	D. ST.	MARY'S EXINGT		134 CHAPMAN	
£ 1 12/	07	14. F.	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
¥ 7 %	00		HENRY	BEAUREGAE			MACHE
# - N	900 /		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	ADDRESS	
1 11	1		NO.		-1006A MADELINE	L.BEAUREGARD	SAME AS 13E.
1 / 1 / 1 / 1	4		8 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), or	nd Icu) e		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 65	1		PART I. DEATH WAS CAUS	ATE CAUSE (0)	res		1 feren
N S S S	atic		ANGELL METERS	DUE TO, OR AS A CONTEQU	DENCE OF		
EST de	and a		Conditions, if ony, which	( (b)	recurry of	unary Truck Cuf	07115
2 4 461	4		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU			7
the the	to .		underlying couse lost.	(c)			
S. 28	19,0	,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
ORD CANADA	ili	10N					
A 0 1 0	9	#CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
The Congression of the Congressi	1/	CERTIF					S NO
FVIII	9	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
O N S S S S S S S S S S S S S S S S S S	1/	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19		
S 41 197	0 p	N N	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY
NO NO 5 5 5 5	arke	-	NOT WHILE AT WORK			/ 10	
20 612				pital) attended the deceased from.			19, that (I) (we) lost
## DE3	17			n 19_19_19_19_19_19_19_19_19_19_19_19_19_1		death occurred on the date and hou	ond from the couses stoted
Sept and ded	į.		271-STGNATURE	1 100	DEGREE ATTENDING	✓ MEDICAL STAFF	274. DATE SIGNED
RAL Get	5-		011	my him	PHYSICIAN	DIRECTOR PHYSICIAN	1271K.
PER PER	ORTA		274 PHYSICIAN'S NAME (THE	Oli PENT)	22e ADDRESS		
100 000	8		William	D. Boyd, M.D.	Leonardto	wn, Md. 20650	
25 0.00	-		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	LEXINGTON PA	RK, ST. MARY'S
BP	-	B	URIAL	DEC.27,1986	IMMACULATE HEAR	RT OF MARY CEME	ETERY MD.
DHMH - 16 60M	7/84		UNERAL DIRECTOR	ADDRESS	IDE (	12 9 1986	
(VRA 15, 4)	)	M	. CLARKE MAT'	TINGLEY, LEONA	ARDTOWN, MD. DEL	29 1900 Julia d	Teridor Randale

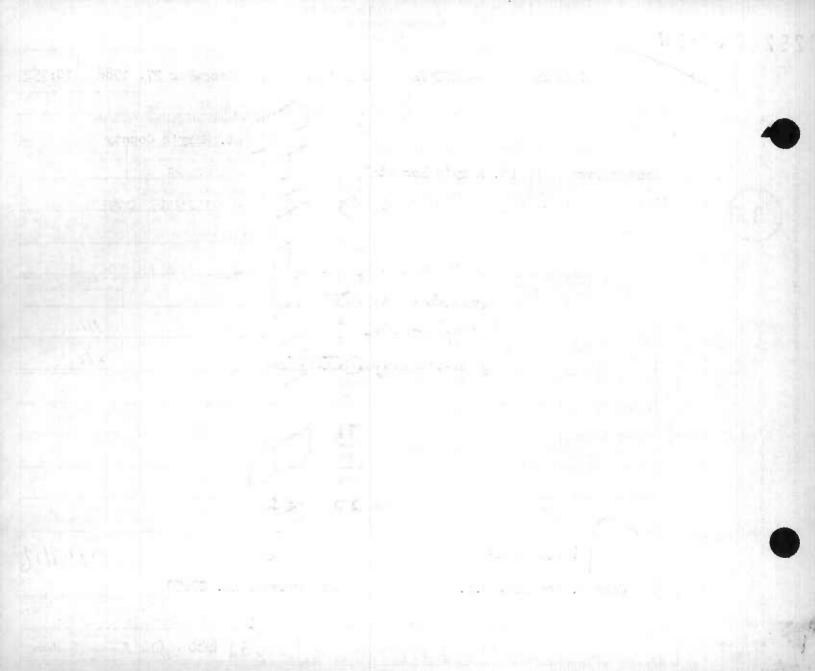
The state of the s Committee of the contract of t

H20002	FOR	UNK.#86-8	4	STA DEPARTMENT OF	ATE OF MA		TYGIENE C	3	6 3	5 /
1028927 JA	ECCETRAL			DICAL EXAMI				REG. NO.		
	T. DECEASED N	AME FIRST		WIDDLE	LA	sr	2e. DAT	E KNOWN M	MONTH DAY	YEAR 2b. HOUR
<b>30000000</b>		James		Dale	Black	kwell, S:	OF	H MATED	12-20	1986 A
多品質	1. SEX	1_RACE	S. DATE OF BIRTH	YEAR 6. AGE (IN )	YEARS IF UND		24 HRS. 2c. DA	TE UNCED	MONTH DAY	YEAR 24 HOUR 3:30
新春春春 11	MALL	WHITE	APRIL 22	,1932 54	YRS.	DATS HOURS	DE		12-20	1986 p.m
· BEX 美力人	7g BIRTHPLACE FOREIGN COUNT	RY)	76 CITIZEN OF W		8. MARRIED	X NEVER MARK	RIED . 9. BALT	IMORE CITY OR	COUNTY OF D	EATH
SAN SAL	NORTH C		U.S		WIDOWED		ED 🗆 St	. Mary's	County	, MD
SEGES!	10 CITY OR TOV		(IF NOT IN SUCH FA	SPITAL, NURSING HOA	)		FOR MOST OF V	VORKING LIFE)	OR	ID OF BUSINESS
30° 300 -	Piney	Point	main pie	er-Stewart	Petrole	eum Co.	BARGING	SUPERV	ISORPETE	ROLEUM CO.
SETANGE IS	IJa STATE	13b, COUR	VTY	13c. CITY OR TOWN	13	d. INSIDE CITY LIMITS?	13e. STREET ADD		Dav	
2 2 X X X	MARYLAN		MARY'S	CALLAWAY		YES X NO		249, P.O	. BOX 37	7 20620
A HENNEY	DAVI		TAYLOR	BLACKWELI		HESTE		WIDDLE		AST TWATER T
A CAMAGE	160 WAS DECEA	SED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECURI		INFORMANT		PADORES BO		LDWELL
LA PARE	YES, NO, OR UN	KORE KORE	EWAR OR DATES)	245-44-97	769 1	UCY D. B	ACKWELL			20620
CBS CBS	18 CAUS	E OF DEATH (Enter o	nly one cause per line			001 21 2,	TOTAL STATE		APF	PROXIMATE INTERVAL
A FEW A	PART	DEATH WAS CAUSE	ED BY: TE CAUSE (a)	Thermal &	Blast	Injuries			BETW	TEN ONSET AND DEATH
ANG PAGE	1	237		AS A CONSEQUENCE	OF					
1 1 2 2 2 2 3	gave	rise to immediate	(b)							
A DESTRO		(a) stating the <u>under</u> cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
2 20 200	PART 2 OTHI	P SIGNIFICANT CONDITIONS	(CONTRIBUTING TO DEATH	DUT NOT RELATED TO THE TEN	BANINA BISTASS OF	A CONDITION CHIEF IN D	107			
S.A.B.		x storil texts condition.	CONTRIBOTINO TO GENTA	BOT HOT RECEIVED TO THE TEN	KMINAL DISEASE U	K CUNULITUM GIYEN IN PA	KK I 101			
T SAN AND T	19a. DATE	OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION WAS	PERFORMED?			20 A	UTOPSY?
TA CONTRACT	THE								Y	ESXX NO [
A PARTY SALES		ING OR	21b. TIME OF	FINJURY	21c HOW	V INJURY OCCURR	D LENTER NATURE OF	INJURY IN ITEM 18 PA		7,51
DR TOTAL	CONTRIB	UTING CAUSE OF	DEATH 2:30 K	12-20 198		ject invo	lved in	explosio	on	
NAS SERVICES	1 40 1	Y OCCURRED		OF INJURY (AT HOME, TORY, FARM, ETC.)	211 LOCA STRE		CITY OR	IOWN	COUNTY	STATE
MARK WAR	AT WORK	XX NOT WHILE	pi	ier	?		Piney	Pt.,St.	Mary's	Co., Md.
A SESTI	220 lc	ertify that I taak char	ge of the remains des	scribed abave, held an	Autopsy .	Inspection	in . Inqui	ry . and	in my apinian	
MEMBER X	death re	sulted fram: Natu	oral causes	Accident XX S	Suicide .	Hamicide .	Undetermined	manner .		
野田の田田	ACTUAL	7				TITLE (SPECIFY)	. 4.		DATE 12	21 06
Z W W W W W W W W W W W W W W W W W W W	SIGNATU	RE			M.D.	Assistar	MEDICAL EX	AMINER	DATE 12	2-21-86
95.758	EXAMINE (TYPE OR	R'S NAME Wil	liam M. Za	ane, M.D.	AD	111 F	enn St.,	Balto.	, Md. 2	1201
DAD PAGE		MATION, REMOVAL		23c NAME OF CE		DINESS	23d LOCATION			
07/84 RP	BURIAL		12/27/86			PISCOPAL	CITY OR TOWN	LEE, ST	T. MARY	S. MD.
DHMH - 17	24 FUNERAL DI	RECTOR	ADDRESS	1011 01101	0 1	25a DATE	REC'D. BY REGIST	RAR 256 REGIST	TRAR'S SIGNATU	JRE
(VR A15 ME (5))	EDWARD 1	N. BRINSFI	ELD, JR.	LEONARDTOWN	V. MD.	DEC	30 1986	Julia	Dividen R	andale.

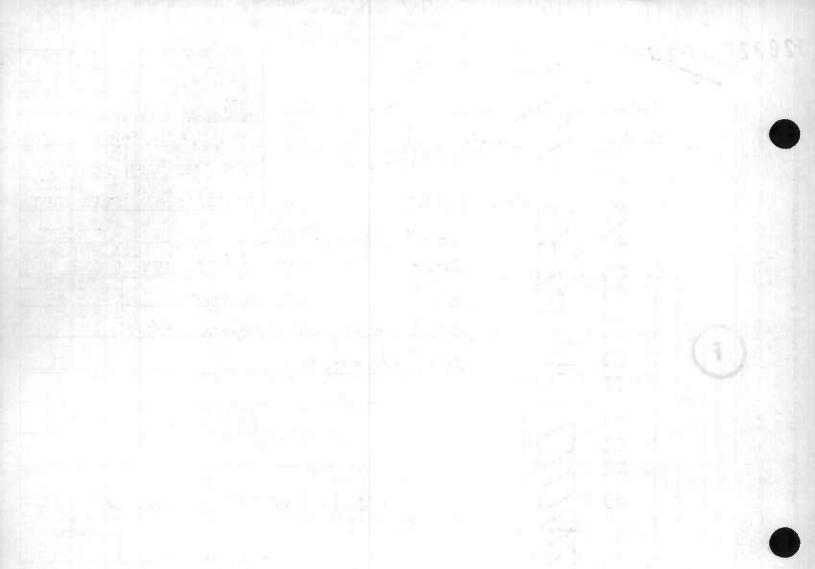


0201	200 1414	3-	FOR STATE			DEPARTMENT OF	HEALTH			3	Ó	5	3
0292	288 JAN	70	REGISTRAR		ME	DICAL EXAMIN		ERTIFICATE C	F DEATH	REG. NO.	11.5		
		1,06	ED NAME	FIRST		WIDDLE		LAST	2a. DATE OF	KNOWN ESTI-			2b HOUR
	A HERBERA			ATILDA		ARIE		OWMAN	DEAT	MATED .	Dec.2		86/6:13
	A STAN	Fe Fe		lack	April 9	YEAR LAST BIRTH	PAS IF UN		AIN. PRONOL	INCED	MONTH DA	YEAR	2d HOUR
	1832年101	7a. B	RTHPLACE (STATE	OR .	76. CITIZEN OF WH	IAT COUNTRY?	8 MARRIE	D NEVER MARR	9 BALTI	MORE CITY OR	COUNTY O	FDEATH	
	西語を言う		Md.		U.S.	Α.	WIDOW			t. Mar	y's C	0	MD
	明年出版	10. C	ITY OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NURSING HON	E, OR OTH	R INSTITUTION	12a USUAL OCC	UPATION (TYPE O	F WORK 12b	KIND OF BU	USINESS
	TOTAL O	Le	onardto	wn		ary's Hos		1				ו בטטאו אט	KT
=	SEPERATE PROPERTY	USU/	AL RESIDENCE IF IN	NURSING HOME OF	POTHER INSTITUTION CIV	E RESIDENCE BEFORE ADMISS			Home m				
2120	子書記して	130. 5	Md.	St.M	lary's	Maddox 2	0621	YES NO X	Box 2	62, Rt	. 238	20	621
g	- NEW 20 2	14. E/	ATHER'S NAME					15. MOTHER'S MAIDE					401
4	355 N		FIRST		MIDDLE	LAST		Annie		MIDDLE	Br	own	
12	Barrier Z	16a V	VAS DECEASED EV	ER IN U.S. ARM		166. SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRESS			
(3)	15 OS		ES, NO, OR UNKNOWN)	I IF YES, GIVE V	VAR OR DATES)	214-48-8	8821	Ann Arm	strong	2069 H111	Chad	wher.	. Trad.
1.	S S S S S S		18 CAUSE OF DE	ATH (Enter only	y one couse per line	for (o), (b), and (c).)				2074	8	APPROXIMAT	TE INTERVAL ET AND DEATH
Z V	P. S.		PARTIDEATH	WAS CAUSED IMMEDIAT		avdias	A	west			81	MIN	
STO	A P P P P P P P P P P P P P P P P P P P			BVEVIL DIA I		AS A CONSEQUENCE	OF						
84	WITHIN 2 ENCIL IN II AINER AL TRANSIT F VTAL HYG OR REMOV			f ony, which	(b)								
3	> Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		couse (o) stot	ing the under-	< ','	AS A CONSEQUENCE	OF						
201	N. A.		lying couse lo	ost.	(c)						-		
DS.	A B B S S S S S S S S S S S S S S S S S		PART 2 OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 ia				
RECORDS	ULID BE EXECUTED "PENDING" IN P EF MEDICAL EXA SED AS A BURIAL- "HEALTH AND ME AL, CREMATION,"	20		-									
	SED A	CERTIFICATION	19a DATE OF OPI	RATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			20	AUTOPSY	?
IIA		F										YES 🗆	NO L
DIVISION OF VITAL	CERTIFICATE SHA SITING THE WORL EDS TO THE CH E 3 SHOULD BE U E DEPARTMENT O	SE SE	210. EXTERNAL C	_	21b. TIME OF		21c. HC	W INJURY OCCURRE	D LENTER NATURE OF	NJURY IN ITEM 18 PAR	RT I OR PART 2)		
NO	SHOPE S	-	UNDERLYING CONTRIBUTING			MONTH DAY YEA	K						
/ISIC	ER INGENIE	MEDICAL	21d INJURY OCC	IRRED	218 PLACE C	F INJURY (AT HOME.	211 LOC				100		
10	O E E () E X	2	WHILE AT WORK AT	WORK	STREET, FACTO	ORY, FARM, ETC.)	SI	REET	CITY OR 1	OWN	COUNTY		STATE
	R: TE,				of the remains desc	cribed above, held on	Autops	y , Inspection	Inquir		in my opinion		
	MINER: SE FOR CTOR: HTHE (LAND)		deoth resulted fr		ol couses		vicide .	Homicide .	Undetermined r		in my opinion		
			Geom regones vi	110101	>	Accident L.	oncide [],	TITLE (SPECIFY)	Onderermined i	nonner,			
	CAL EXA THE CER SHOULD STAL DIR STAL WIN		ACTUAL SIGNATURE	T	2 V	(AI	- "	Story Des	EMEDICAL EXA	4440 IED	DATE	2/2 9	Mr.
	SET			~	10	111		1	THEDICAL EXA	MINEK	SIGNED_	1-4	7
	TO MEDICAL EXAMENEE CERTIFICATION OF A SHOULD FOR A SHOULD FOR A SHOULD FOR A SHER DEATH, WITH BARTHORE, MARY		(TYPE OR PRINT)	ME Dav	id (. 1	HILEN		DDRESS Box	601 /	sonard	town	mal	20150
	524548 —	23a.B	URIAL, CREMATION	N, REMOVAL 23	b. DATE	23c. NAME OF CE	METERY OF	CREMATORY	236 LOCATION		COUNTY		TATE
07/84	BP		urial	1,000	12/31/86	SACRE	D HEA	RT CEM.	BUSHWO	OD, ST	. MARY	-	MD
25M	DHMH - 17	24 FI	UNERAL DIRECTOR		ADDRESS			25a. DATE F	REC'D. BY REGISTE		RAR'S SIGNA	ATURE	
	(VR A15 ME (5))	W		MATT		LEONARDT	NWC.	MD. DEC	3 1 1986	Julia d	Turidon.	Rundae	4





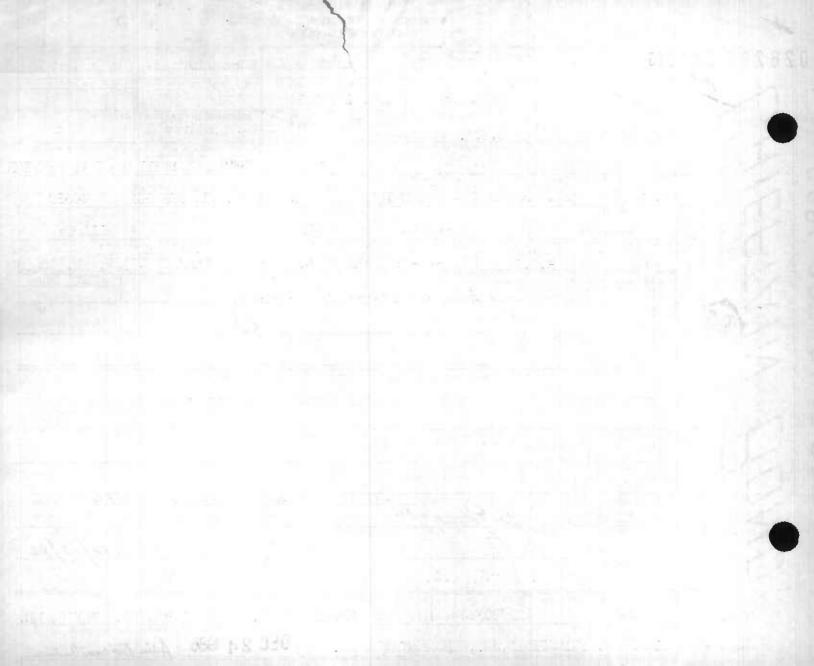
STATE OF MARYLAND



207 1411 -5	17	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 3	0001
ZOI JAN -	T. DE	CESED NAME FRI	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
e m.f.		MARGA	DEST DOCATION	OT ASMION		15.110011
You and	1.58		RET ROSALEE	CLAYTON 5. DATE OF BIRTH	December 28.	1986 2:35
4 9	F	EMALE	BLACK	FEB. 16, 1928	58 <sub>YRS</sub>	MONTHS DAYS HOURS ME
Pog The Pog	76 8	IRTHPLACE (SHATE DIFFORLION COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
to all to	G	REAT MILLS, M	. USA	WIDOWED DIVORCED	St. Mary's C	ounty
9 1	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS C
rs of		Leonardtown	St. Mary's	Hospital	TEACHERS AIL	
hou hou	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW		13e STREET ADDRESS / ZIP CO	DE 0 1 / 11
25 mg	_	D. ST.	MARY'S PINEY	POINTYES NO IX	RT. 249	00014
compléfely	14. F.	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDIE	LAST
F 5 30		ORRIS A	. LAWRENCE	JANIE	Ε.	MASON
ges dico		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!		ADDRESS	
ician) ers. Po	N	0	212-24	-493B GEORGE RA	ALPH CLAYTON, S	
ificate physici paper maval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), an	d (cs.)	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
p ph on p em o		IMMEDIA	TE CAUSE (o)	andial	HNrey-	
ding or o			DUE TO, OR AS A CONSEQUE	INCE OF		
e death ce attendin nave carb otian, or traumatic		Conditions, if any, which	( )	Servery	Careliony	novh
		gove rise to immediate	) (6)		09	
by th by th ose re l, cren ather		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF Sever	CHF	Share and
the sed to pleo		PART 2 OTHER SIGNIEIC ANIT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER!	ALIAN DISEASE OF CONDITION OF	WENT IN DADT 1
sign hen to bi	Z	TAKE OTHER STORT TEACH	CONDITIONS CONTRIBUTING TO	DEATH BOT NOT KEERIED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART ITO
been mit. I	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
ne lo	일				IN CERT	IFYING CAUSES OF DEATH?
NN: The Ich hysicion. icate has rransit per Hygiene 18 show	1 2	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
CIAN: The physicic pertificate cal-transit and Hygin and		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR	TENER WATORE OF THE TOTAL THE TENER	1 - m 1 - C n 1 - m 1 - 2 )
10 - 0 -	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
PHY frendir r this the bu	WED		21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG off off off off off off off off off of	-	AT WORK NOT WHILE				
ND I or I o		22a.1 certify that (1) (this hosp	ital) attended the deceased from_	, 19	, to	. 19, that (I) (we) lo
Pure prince of the series		saw the deceased alive ar above, (1) (we) (did) (did no	n19 at view the bady after death.	, and that in (my) (aur) apinian	death accurred on the date and he	our and fram the causes stated
R A has has ept.		22b. SIGNATURE	1/	DEGREE		22c. DATE SIGNED
the the period		15.1	newers	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	
PIT A PIT A	1	22d. PHYSICIAN'S NAME LIYPE	OR PRINT)	22e ADDRESS	E DIRECTOR PHISICIAN	
TO HOSPITAL TO FUNERAL I should be deto with the State I		R	Jhaveri, M.D.	Toons	M. O	0650
Sho of sho	224	BURIAL, CREMATION, REMOVAL			rdtown, Md. 20	0650
0.0	230	burial, cremation, removal SURIAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP			12/31/86 ST	. GEORGE CATHOL		Y LEE, ST. MAR
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	ADDRESS	1050	TE REC'D. BY REGISTRAR 256 REGI	
(VRA 15, 4)	1	W. CLARKE MAT	TINGLEY, LEON,	ARDTOWN, MD DEC	31 1900 Julia	Divideon Randall

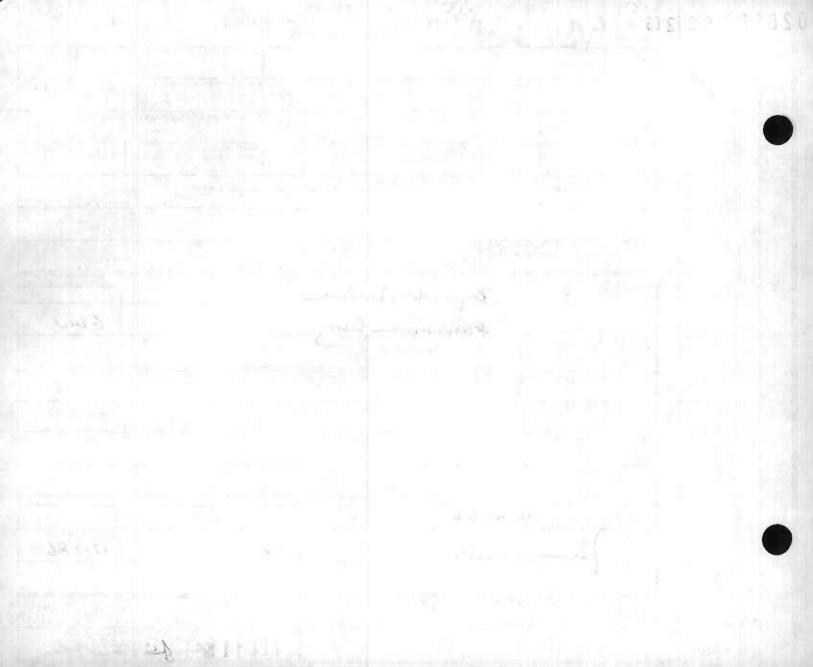
vé queb la travella de 

HAROLD MICHAEL CONNORS  December 17, 1986  3. SEX  MALE  CAUCASIAN  AUG. 16, 1914  72  YRS  MONTHS  DAYS  18 LIT VERRY LAST BRITHPLACE  (STATE OF FOREIGN COUNTRY)  PENNSYLVANIA  U.S.A.  WIDOWED  DMORCED  10 CITY OR TOWN OF DEATH  Leonardtown  Leonardtown  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13a STATE  MARY'S  MARRIED X NEVER MARRIED  NOWNESTING HOME OR OTHER INSTITUTION  (IF NOT SUCH FAGILITY OR STATE ADDRESS / ZIP CODE  MARY'S  MARY'S  MECHANICSVILLE YES  NOWNESTRET ADDRESS / ZIP CODE  RT. #1, BOX 351  20  15 MOTHER'S MAIDEN NAME  TIMOTHY  CONNORS  MELLO  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  W.W. II  170-09-1765  ELLER B. CONNORS, MECHANICSVILLE, MI	659
AND THE PROPERTY OF THE PROPER	MD. BUSINESS OR SERVICE
TO BIRTHPLACE (STATE OR FOREIGN PENNSYLVANIA U.S.A. WIDOWED DIVORCED St. Mary's PENNSYLVANIA U.S.A. WIDOWED DIVORCED MORE OR OTHER INSTITUTION LEON AND LEON OF DEATH LEON OF WORKING LIFE) INDUSTRY AND LEON OF WORKING LIFE) INDUSTRY AND LEON OF WORKING LIFE INSTITUTION GIVE STREET ADDRESS / STORE ADMISSION) IS AND LEON OF WORKING LIFE INSTITUTION GIVE STREET ADDRESS / ZIP CODE RT. #1, BOX 351 20 INDUSTRY AND LEON OF WORKING LIFE INSTITUTION GIVE STREET ADDRESS / ZIP CODE RT. #1, BOX 351 20 INDUSTRY AND LEON OF WORKING LIFE INSTITUTION GIVE STREET ADDRESS / ZIP CODE RT. #1, BOX 351 20 INDUSTRY AND LEON OF WORKING LIFE INSTITUTION GIVE SENDENCE BEFORE ADMISSION) IS MOTHER'S MAIDEN NAME AND LEON OF WORKING LIFE INSTITUTION GIVE SENDENCE BEFORE ADMISSION) IS MOTHER'S MAIDEN NAME AND LEON OF WORKING LIFE INSTITUTION GIVE SENDENCE BEFORE ADMISSION) IS MOTHER'S MAIDEN NAME AND LEON OF WORKING LIFE INSTITUTION GIVE SENDENCE BEFORE ADMISSION) IS MOTHER'S MAIDEN NAME AND LEON OF WORKING LIFE INSTITUTION GIVE SENDENCE BEFORE ADMISSION) IS MOTHER'S MAIDEN NAME AND LEON OF WORKING LIFE INSTITUTION GIVE SENDENCE BEFORE ADMISSION) IS MOTHER'S MAIDEN NAME AND LEON OF WORKING LIFE INSTITUTION GIVE SENDENCE BEFORE ADMISSION) IS MOTHER'S MAIDEN NAME AND LEON OF WORKING LIFE INSTITUTION GIVE SENDENCE BEFORE ADMISSION INDODE AND LEON OF WORKING LIFE INSTITUTION GIVE SENDENCE BEFORE ADMISSION INDODE AND LEON OF WORKING LIFE INDODE AND LEON OF WORKING	MD. BUSINESS OR SERVICE
PENNSYLVANIA  U.S.A.  WIDOWED  DIVORCED  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Leonardtown  Leonardtown  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION)  ST. MARY'S  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION)  ST. MARY'S  WIDDLE  WARYLAND  ST. MARY'S  MECHANICSVILLE YES  NOX  RT. #1, BOX 351  20  14 FATHER'S NAME  FIRST  TIMOTHY  CONNORS  15 MOTHER'S MAIDEN NAME  (IF YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  W.W. II  170-09-1765  ELLER B. CONNORS, MECHANICSVILLE, MIL  TOWNORS  MECHANICSVILLE, MIL  TOWNORS  MECHANICSVILLE, MIL  TOWNORS  NON  MECHANICSVILLE, MIL  TOWNORS  TOWNORS  TOWNORS  MECHANICSVILLE, MIL  TOWNORS  MECHANICSVILLE  MIL  TOWNORS  MECHANICSVILLE  MIL  TOWNORS  MECHANICSVILLE  MIL  TOWNORS  MEC	SERVICI 659
Leonardtown  Leonardtown  St. Flary's Hospital  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION SUCH FACILITY, GRIESTING HOME OR OTHER INSTITUTION (IT PROF WORK FOR MOST OF WORKING LIFE) INDUSTRY CIVIL 136 CITY OR TOWN  WIND CONNORS  MARY LAND  TIMOTHY  CONNORS  INDUSTRY  CIVIL  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  IS STREET ADDRESS / ZIP CODE  RT. #1, BOX 351  20  IA FATHER'S NAME  TIMOTHY  CONNORS  IS MOTHER'S MAIDEN NAME  TIMOTHY  CONNORS  IS MOTHER'S MAIDEN NAME  FIRST  IS MOTHER'S MAIDEN NAME  TIMOTHY  CONNORS  IS MOTHER'S MAIDEN NAME  (IF YES, GIVE WAR OR DATES)  YES  W. W. II  170-09-1765  ELLER B. CONNORS, MECHANICSVILLE, MIL	SERVICE
Leonardtown St. Mary's liospital AMBULANCE DRIVER CIVII  USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE SEPORE ADMISSION) 130 STATE 1310 STREET ADDRESS / ZIP CODE RT. #1, BOX 351 20 114 FATHER'S NAME TIMOTHY CONNORS 115 MOTHER'S MAIDEN NAME 115 MOTHER'S MAIDEN NAME 115 MOTHER'S MAIDEN NAME 1160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 170 - 09 - 1765 170 - 09 - 1765 1810 STREET ADDRESS / ZIP CODE RT. #1, BOX 351 20 1810 STREET ADDRESS / ZIP CODE RT. #1, BOX 351 20 1810 STREET ADDRESS / ZIP CODE RT. #1, BOX 351 20 1810 STREET ADDRESS / ZIP CODE RT. #1, BOX 351 20 1810 STREET ADDRESS / ZIP CODE RT. #1, BOX 351 20 1810 STREET ADDRESS / ZIP CODE RT. #1, BOX 351 20 20 20 20 20 20 20 20 20 20 20 20 20	659
MARYLAND ST. MARY'S MECHANICSVILLE YES NOW RT. #1, BOX 351 20  14. FATHER'S NAME TIMOTHY CONNORS ANN MELLO  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT RT. #15, BOX 351  YES  WWW.II  170-09-1765 ELLER B. CONNORS, MECHANICSVILLE, MI	
TIMOTHY  CONNORS  ANN  MELLO  MELLO  MELLO  MELLO  MELLO  MELO  MELLO  M	DY
YES   W.W.II   170-09-1765   ELLER B. CONNORS, MECHANICSVILLE, MI	
The state of the s	
THE CAUSE OF DEATH Enter unity one couse per line for (a); (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF DEATH Enter unity one couse per line for (a); (b), and (c)  PART I. DEATH WAS CAUSED BY:	ASET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate course (oil, intimediate course lost to one oil	
PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TWO	
20 1 10 DATE OF OPERATION 10 CONDITION FOR WHICH OPERATION WAS PERFORMED 10 AUTOPSYT 10 IN CERTIFYING CAUSES (	SS USED OF DEATH? NO []
The account was underlying   The Time of Industry   The Time of Indu	
NO N	STAR
17s. I certify that (I) (this hospital) attended the different from 12/17 19/80 to 12/17 19/80 t	er (1: (we) last ouses stated
DEGREE  725. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12-12-12-12-12-12-12-12-12-12-12-12-12-1	2/86
James C. Boyd, M.D. Leonardtown, Md	
O T DE THE BURIAL CREMATION REMOVAL THE DATE THE NAME OF CEMETERY OF CREMATORY THE LOCATION COUNTY	STATE
BP BURIAL   12/20/86   CHARLES MEMORIAL GARD, LEONARDTOWN, ST. MARY	'S, MD.
(VRA 15, 4)  THE FUNERAL DIRECTOR  EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.  PS. DATE REC'D. BY REGISTRAR 216 R	ME.



Caracine Contract Track Contract Contra British Standard Tit South Control Tollah Derlindense 13 15 80 0±0 24 1908 Alexandria Land

26886 DE	EC	a 1	OR TATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HYC	GIENE & & 3	6004
		I DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
a th	a	(ITPE	JAMES	WILLARD	ELLIS	DEC.	6.1986 M
may be page 3	15	3 SE		4 RACE	5 DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
age 4 n ector, rs after		- 1	MALE	WHITE	JUNE 1,1921	65 YRS	ONTHS DAYS HOURS MIN
dire dire	71		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUNTY O	OF DEATH
peral 72 h	25		MD.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	ST. MARY'S	MD
fter thing	20	10 €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION	126. KIND OF BUSINESS OR
by the	10	1	AVENUE	(IF NOT IN SUCH FACILITY, GIVE STREET HOME	T ADDRESS]	PAINTER	INDUSTRY
uted within 24 hour mpleter filled in by nd 2 shooth be filled	32	130 5	TATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130. CITY OR TO' MARY"S AVENU	WN 134. INSIDE CITY LIMITS?	130 STREET ADDRESS GEN. DEL. (2	20609)
A STATE OF THE STA	5		THER'S NAME	THAT 9 HVBNO	15. MOTHER'S MAIDEN NA		200927
complet complet and 2	1	1.	EDDIE	ELLIS ELLIS	REENIE	MIDDLE T. (	ONG
		160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	ONG
and ages	/		ves, no or unknown) (if yes, givi	E WAR OR DATES) 218-16	-3068 MARTHA T.	ELLIS SAME AS	S 13e.
ficate be exer ysician and co pers. Pages 11 ovent, the me						DIDIO OAND A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertifica physic papers emoval				nly one cause per line far (a), (b), a ED BY: TE CAUSE (a)	man I as leve		BETWEEN ONSET AND DEATH
th ce ding bon or re			IMMEDIA	3			
t the death he attendir move carbo ematron, or			Canditions, if any, which	DUE TO, OR AS A CONSEON	/		6 lues.
it the at move emat other			gove rise to immediate	10)			
quires tha gned by t please re burial, cre			underlying cause last	DUE TO, OR AS A CONSECU	JENCE OF		
require signed en plea to buria		z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
law been t. Th rior t	7	NTO	196 DATE OF OPERATION	IST CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES.	WERE FINDINGS USED
IDING PHYSICIAN: The law rec strending physician.  After this certificate has been significate bus been significate has been significate has been significate has been significate has been significated busing-transit permit. Then marked or Item 18 shows any in marked or Item 18 shows any in	9	CERTIFICATION	DATE OF OFERANOIS	THE CONDITION FOR WHICE	NOTERATION WAS PERFORMED	IN CERTIFY	ING CAUSES OF DEATH?
AN: an. icate sit pe ygier 18 sl	4	ERTI	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	1214 HOW INTERVOCCUE	YES NO YES	
PHYSICIAN: The graph physician. The this certificate has unial-transit perm Mental Hygiener don't lean 18 show		-	OR CONTRIBUTING CAUSE OF DEA	ART T OR PART 2)			
ING PH' ending p ifter this the buria and Me arked or		MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIN tten Afte s the th ar		~	AT WORK AT WORK				
ATTEN pital or a ECTOR: for use a of Heal			saw the deceased alive on	ital) attended the deceased from  ital 4 - 4 - 7 - 19  it) view the bady after death.		death occurred on the date and haur	
OR IOSP			226. SIGNATURE	sit view the dady after death.	DEGREE		22c. DATE SIGNED
the h			1 /Le	-las	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12.4.86
TO HOSPITA retained by th TO FUNERA should be deta with the State	1		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS		
TO TO Shou	+	230 5	SURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION	MIN
BP			BURIAL			CITY OR TOWN C	OUNTY STATE MD
Dr		_	JNERAL DIRECTOR	12/9/00	HARLES MEMORIAL	GARDENS LEONARI TE REC'D. BY REGISTRAR 25b. REGISTRA	
DHMH-16 25M (VRA 15, 4) 1/			NAME	ADDRESS	n		Teoidern-Randage
, , , , , , , , , , , , , , , , , , , ,			W. CLARRE MA	TTINGLEY, LEO	NARDTOWN, MD. U	TO I I 1200 Harry T	lastaern-Kandalah



	FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE & 6 3	6 4 9 3
6728 DEC 1	- STATE		CERTIFICATE OF DEATH	REG. NO.	
7 2 0 000 1	DECEASED NAME FIRST	AIDDIE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
posse 3	OLIVE	F.	ESTES	December 6, 198	
of ter p	3. SEX	4. RACE	S. DATE OF BIRTH	The state of the s	FUNDER I YEAR IF UNDER 24 HRS.
oge urs o	FEMALE	CAUCASIAN	OCT. 8, 1892	94 YRS	
20 Z ho	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY?	BALTIMORE CITY OR COUNTY	OF DEATH
a Line	LOUISIANA	U.S.A.	WIDOWED NORCED DIVORCED	St. Mary's Coun	T12b, KIND OF BUSINESS OR
by the iled with	Leonardtown	(IF NOT IN SUCH FACILITY, GIVES  St. Mary's H	TREET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFE DIETICIAN .	INDUSTRY
be in	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13e STREET ADDRESS / ZIP CODE	
A Paris	MARYLAND ST.	MARY'S LEONAL		CEDAR LANE APTS.	20650
to of the state of	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST
dwo 3	WEBSTER	FROS			CONE
o de de	16a WAS DECEASED EVER IN U.S. AT (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	SECURITY NO. 17. INFORMANT	401 FRANKI	IN STREET
S. Po	NO	426-3	38-5776   VIRGINIA E.	KRESS, ALEXANDRIA	
ysici operation	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b	n, and to	Plasmacytomi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1211		TE CAUSE (o)	tas tentre ple	windly Tom	c 421
100		DUE TO, OR AS A CONS	EQUENCE OF		
[ 题语 ]	Conditions, if any, which	(b)			
No.	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF		
d by eose of. c	underlying couse last.	(c)			
signed hen pli ta buri ijury, o		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
prior I	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
2 6 6 6	- IFIC			YES NO YES	ING CAUSES OF DEATH?
ficate h from the front of fro	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
emilia emilia	OR CONTRIBUTION TO CAUSE OF DE		DAY YEAR		
5 5 8 ±	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		7
After this e as the b olth and A marked or	WHILE NOT WHILE	EAT HOME STREET, FACTORY, OF	FICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
Afte os olth	220.1 certify that (1) (this hasp	ital) Standad the decreased la	- 11/21 - 10 +	1. 12/286.	
OR. F. He		of) view the body after death		death accurred on the date and hour	and from the courses stated
on 2	obave, (Mwe) (did) (did no	ot) view the bady after death	DEGREE		22c DATE SIGNED
Dep P	W. SIGNATURE	000	ATTENDING .	MEDICAL STAFF	DIR. DATE SIGNED
NERAL be deto e Stote	22d. PHYSICIAN'S NAME TYPE	OR MEINT)	PHYSICIAN 22e ADDRESS	DIRECTOR   PHYSICIAN	16/606
FUNERAL UID be det	220. FIT SICE TO THE TIME	Allen		2 2 2 2007	
0 0 d # 8	yayid		Leonardtown		
	230 BURIAL, CREMATION, REMOVAL		230 NAME OF CEMETERY OR CREMATORY	23d. LOCATION  CITY OF TOWN	COUNTY STATE
3P	BURIAL	12/8/86	COLUMBIA GARDENS	ALEXANDRIA	VIRGINI
	24 FUNERAL DIRECTOR	ADDR		TE REC'D. BY REGISTRAR 25b. REGISTR	
(VRA 15, 4)	EDWARD N. BRINSFI	ELD, JR., LEON	NARDTOWN, MD.	EC 101986 Julia d	Teadern-Rendale

L. C. 30 Miles 6, 1936 [1:30 Miles

oping image, respective

12/mm0\_2 (120-1) Editor that . The total

Brensfeeld	FOR 1		DEPART	MENT OF HI	OF MARYLAND ALTH AND MENTAL H	YGIENE 8	6 3	63	66
158582 Jun -	) U REGISTRAR	FIRST	WIDDLE	CERTIFI	CATE OF DEATH	2- DATE OF	REG. NO.	DAY YEAR	2b HOUR
0 75	PRINT)		FILLA -			20 DATE OF	JEATH MONIN	DAT TEAR	IB HOUR
6 18	3 SEX	BARTLETT	EDWIN	FRER 5. DATE O				186 IF UNDER 1 YEAR	12 - 15M
F 7	MALE	CAUCAS	TANI	SEPT			(RS LAST BIRTHDAT)		HOURS MIN.
9 0 0				_	. 3, 1903	83	YRS		
4 88 92	BIRTHPLACE (STATE OF		WHAT COUNTRY	MARRIED	NEVER MARRIED		E CITY OR COUNTY		
1 12/20	MARYLAND	U.S		WIDOWE			Mary's Cou		MD.
1 126	Leonardtow	n St. N	lary's Ho	spital	OTHER INSTITUTION	12a USUAL O (TYPE OF WORK) SALES	OR MOST OF WORKING LIFE	INDUSTRY LIQUO	BUSINESS OR
BALTIMORE, MARYLAND 2120 one be executed services by services and complete formal by you.  you.  t, the medical services are the services are	USUAL RESIDENCE (# NUI 130 STATE MARYLAND	13b COUNTY ST. MARY'S	130. CITY OR TOY	WN 1	134. INSIDE CITY LIMITS?	13e.STREET A	DORESS / ZIP CODE BOX 185	20	0650
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 FATHER'S NAME	MIDDLE	IZAI	W/43	15 MOTHER'S MAIDEN N		MIDDIE	1467	
WA 11/100	WILLIAM	J.	FRERE	A 36 .	JOSEPHII	NE	MIDDLE	PHILL	IPS
SE Con de		R IN U.S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	The same	P.O. BOX	185	
IMOR	(YES NO OR UNKNOWN)	(IF 163, GIVE WAR OR DATES)	579-12-	9131	MATHILDA C	. FRERE,			20650
ECORDS, 201 W. PRESTON ST.,  ow requires that the death certific been signed by the attending phrimit. Then please remove corbong prior to burial, cremation, or remo any injury, or other traumatic even	Conditions, if on gove rise to in couse (a), stat underlying cous	y, which (b)_ nmediate ing the ise lost.  COLUMN (C)_ SNIFICANT CONDITIONS C		JENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE		EN IN PART 11a	
e low no. no perm	S IVE DATE OF OPER	ATION 176. COND	IIION FOR WHIC	n OPERATION	WAS PERFORMED		INCERTIF	YING CAUSES C	
ITAI Sicio one h	210. ACCIDENT WAS U	NDERLYING 216. TIME C	F INJURY		21c. HOW INJURY OCC		- 4-7		NO []
SICIAN The physicic certificate rial-transfer tent Hygin tem 18 sk	On COLUMNIALIZATION	CAOSE OF DEATH		DAY YEAR	The state of the s	_			
DIVISION OF VITAL RECORDS,  DING PHYSICIAN The low requir or ottending physician.  After this certificate has been sign e as the burial-transit permit. Then bith and Mental Hygiene prior to b norked or frem, 18 shows any injury	(IF EITHER NOTIFY MEI  21d. INJURY OCCUI  WHILE NOT V  ALWORK	RRED 21e PLACE	M. OF INJURY REET, FACTORY, OFFICE	FARM ETC )	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
DOIN OF SECONT	220.1 certify that	(this hospital) attended th	ne deceased from	12/2	Co 19.80		1/26	19 CO , th	(we) lost
TTEN Doited TOR For u	saw the decea	ised alive ondid()(did not) view the body	12/26 19	85% an	d that in (my) (our) opinio	on death occurred	on the date and hou	r and from the co	ouses stated
OR A DIREC Sched Dept.	226 SIGNATURE	And I did not y view this body	offer peoff.		EGREE			22c. DATE S	
AL O AL D letoc	1	Devel &	7//	_ /	ATTENDING PHYSICIAN		STAFF PHYSICIAN	2/2	2/16
SPIT.	224 PHYSICIAN'S	NAME (TYPE OR PRINT)			22e ADDRESS			1	110
TO HOSPITAL retained by the TO FUNERAL I should be deto with the Store I MAPORTANT. II	David	C. Allen, M.	D.		Leonardto	wn. MD	20650		
5 f c 3 ₹	23a. BURIAL, CREMATION			NAME OF CE	METERY OR CREMATOR	Y 23d LOCAT	ION		
BP	BURIAL	12/29			F PEACE	HELI	EN ST MA	RY'S. M	ARYI AND
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR				25a. D				
(VRA 15, 4)	EDWARD N. B	RINSFIELD, JF	R., LEONA	RDTOWN	, MD. UE	631 19	BO Pulia	Scordoon Ro	adalle

Company of the compan Digota Danie Principal 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE REGISTRAR REG. NO TOPE ASED NAME a DATE KNOWN TE MONTH **EMMA** DEATH MATED Dec. 13,9 86 MILDRED GASS 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 86YRS Eemale White Sept.8,1900 IN BIRTHPLACE (STATE OR WHAT COUNTRY? MARRIED NEVER MARRIED SOME SON COUNTRY) St. Mary's Co. DIVORCED WIDOWED . Maryland
II ON OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 125 KIND OF BUSINESS FOR MOST OF WORKING LIFE) LAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION White Oak Road **Breton Bay** Clerk Gov't. Leonardtown OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 20852 In STATE 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS Schuvlkill Rd. YES X NO [ 11407 Md Rockville Montgomery 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE James Edward Bromwell Madeline Grev 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 7 INFORMANT 20650 2, Box Al (YES, NO. ORINKHOWN) 578-03-9297 Joan E. Payne Leonardtown . Md . 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO B 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 22e I certify that I toak charge of the remains described above, held an death resulted fram: Homicide Undetermined manner TITLE (SPECIF ACTUAL SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Suitland, Maryland Burial 12/16/86 Cedar Hill Cemetery 07/84 <sup>24</sup> FUNERAL DIRECTOR Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852 25M DHMH - 17 (VR A15 ME (5))

SEC 17 40 this tickers the deen

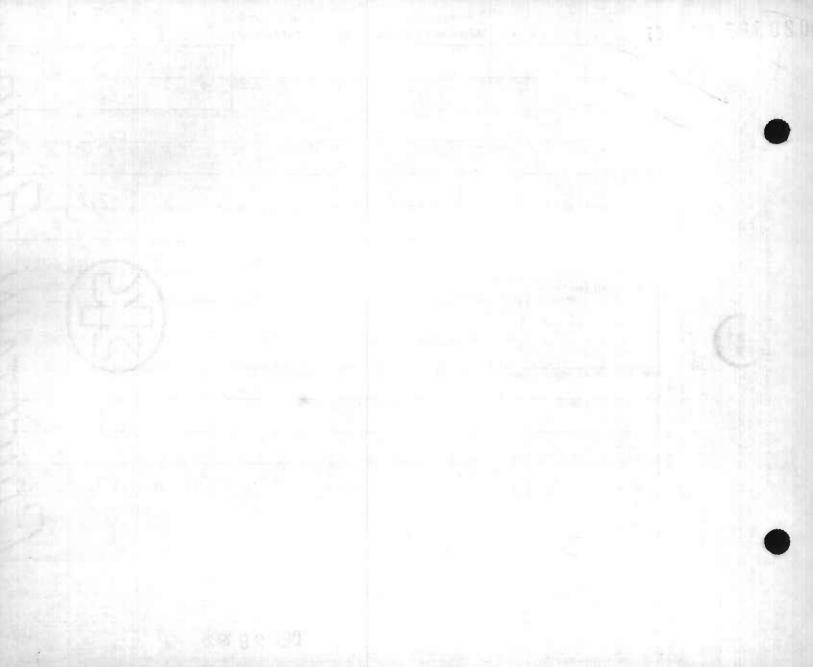
(VRA 15, 4)

STATE OF MARYLAND

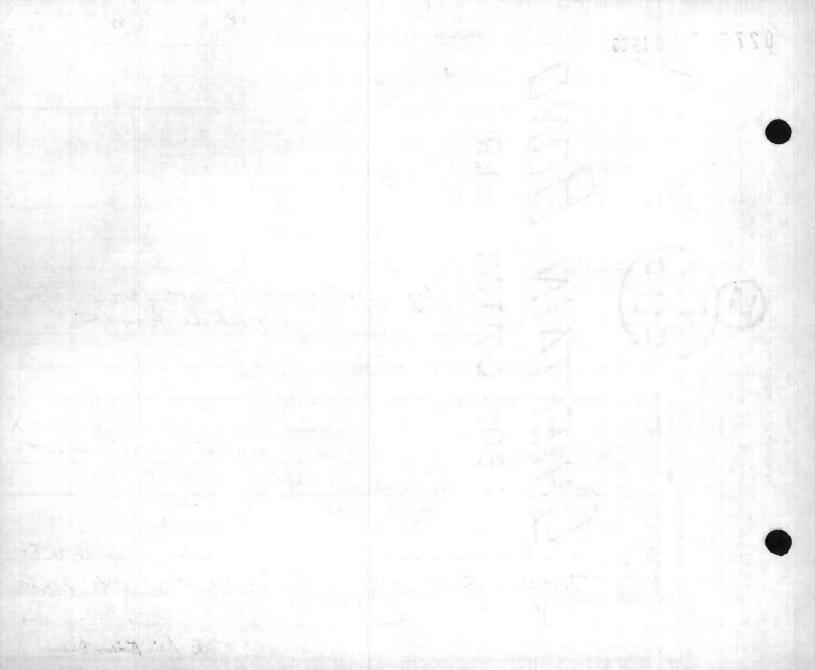
027. See to the same and the same as the second as the same int work at order of the contract of AT 18 HARLES ME TOWNS AND A THE SEC. and the same of th 19 100 has still the Character

UNK. #86-83 2/4/87 PARTMENT OF HEALTH AND MENTAL HYGENE REGISTRATION . 1, per F.H. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWNXX ESTI-DEATH MATED Melvin Edward 19 86 Goodwin 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 3:30 MALE WHITE MARCH 24,1940 4 6RS DEAD 1086 D.M 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRYS MARYLAND USA WIDOWED [ DIVORCED St. Mary's County. ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Piney Point main pier-Stewart Petroleum Co. GAUGER OIL CO USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD. ST. MARY'S PINEY POINT YES NO X BOX 54 (20674)A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST WILLIAM HENRY GOODWIN MARY EVA 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 216-38-6541 | DOROTHY N. GOODWIN. ARMY SAME AS 13E 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Thermal & Blast Injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES XX NO [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 2:30XX 12-20 1086 subject involved in explosion CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE XX NOT WHILE pier Piney Pt., St. Mary's Co., Md. Autapsy XX 22a I certify that I took charge of the remains described above, held an Inspection AccidentXX death resulted fram: Natural causes Homicide Undetermined monner TITLE (SPECIFY) AD ASSISTANT MEDICAL EXAMINER 12-21-86 William M. Zane, M.D. EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 12/27/86 BURIAL ST. GEORGE EPISCOPAL CEM. VALLEY LEE, ST. MARY'S 07/84 24 FUNERAL DIRECTOR **DHMH** - 17 W. CLARKE MATTINGLEY, LEONARDTOWN, MD. (VR A15 ME (5))

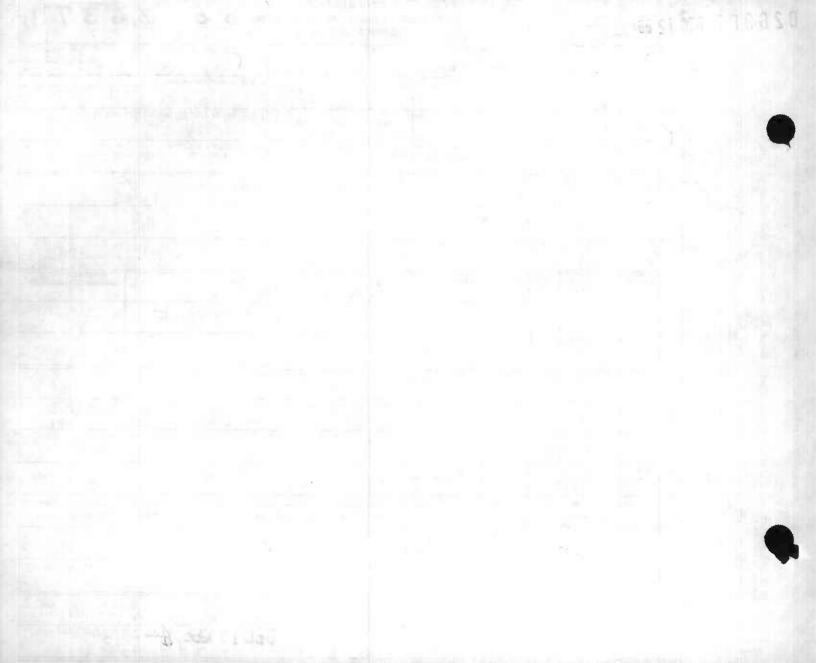
STATE OF MARYLAND



STATE OF MARYLAND - STATE OF REGISTRAN REG. NO 20 DATE KNOWN (TITE OF FIGURE OF ESTI-DEATH MATED MARY AGNES HEAD 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD Female Black Aug. 25, 1934 52YRS Dec. 11 19 86 Th. CITIZEN OF WHAT COUNTRY? ANTHOLACE DIAMEDI 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS U.S.A. Maryland WIDOWED Y DIVORCED St. Mary's IO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY Leonardtown St. Mary's Hospital Housewife 3a STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Chaptico YES [ NO [ Mattingly Road St. Mary's 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Gant Wills Sr. James Anna 14a WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16b. SOCIAL SECURITY NO Rt. Box 140 212-34-2855 No Cheryl Hill Mechanicsville.Md 18 CAUSE OF DEATH (Enter only one couse per line lor (o), (b) And PART I DEATH WAS CAUSED BY see. MMEDIATE CAUSE (a DUE TO, OR AS A CONSTIQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (d) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME II LOCATION STREET WHILE AT WORK 22e. I certify that I took charge of the remains described obove, held an Autopsy Inspection death resulted from: Natural couses Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 12-15-86 SIGNATURE MEDICAL EXAMINER 4 0 4 A 231. NAME OF CEMETERY OF CREMATORY
R6 Charles Memor Memorial STATE Dec. 15, 1986 Burial Leonardtown, 07/84 Md. Gardens 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** W. Clarke Mattingley, Leonardtown, Md. (VR A15 ME (5)) Julia Dordon.



887 DEC	12	FOR STATE REGISTRAR			DEPART		EALTH AND A	AENTAL HYGI EATH	ENE 8	6	3	63	71
		CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF	REG. NO.	TH DA	Y YEAR	26 HOUR
death death	(TYP)	E OR PRINT)	OSIE	TE	ANETTE	нт	TT			DEC	7	1986	
bag La des	3 SE			I RACE	ANGILE	5 DATE C	F BIRTH		AGE (IN YEA	RS LAST ORTHDAY	)	FUNDER I YEAR	IF UNDER 24 HRS
rs after	E	EMALE		WHT	יביי	FEB		1918		68	YRS.	ONTHS DAYS	HOURS MIN.
dire	7a. B	IRTHPLACE (STATE OR FO	OREIGN /		WHAT COUNTRY?	1	D NEVER A		9 BALTIMOR	E CITY OR CO		OF DEATH	
Med 72		D.		USA		WIDOWE		ORCED	ST.	MARY	19		м
the fu	10 C	ITY OR TOWN OF DEA	ATH I	1. NAME OF	HOSPITAL, NURSI		R OTHER INST	TUTION	12e USUALO	CCUPATION FOR MOST OF WO			F BUSINESS OF
de de la	Н	OLLYWOOD		HOMI		ADDAE 30)			HOUSE		NN 140 EN E/	HOM	₹.
d in Je fin	130	AL RESIDENCE (IF NUR!	ING HOME OF C	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CI	TY LIMITS?	13r STREET A	1711			2010
重要	M	D.		ARY'S	HOLLYV		YES 🗌	NO [X]			X 5	46	0636
15 V/	34 F/	ATHER'S NAME	M	IDDLE	LAST			MAIDEN NAM	AE .	MIDDLE		LAS	
1 20C	P	EARLY		11.2	WEER	KS							
21	16e \	WAS DECEASED EVER	IN U.S. ARM	NED FORCES?	166 SOCIAL SECT	JRITY NO	17 INFORMA	NT		ADDRESS	DM	1 DOV	E 1 C
80.		NO					WOODF	ROW HI	LL, JR.		HOL:	LYW88	
y sic		II CAUSE OF DEAT	H (Enter only	one cause per	line for (a), (b), ar	nd icu	,	Barrier.	11.00			BETWEEN	MATE INTERVAL ONSET AND DEATH
ph pal rem atic		PART I. DEATH W		CAUSE (a)			on. c	o. du	seco	<u>د</u>			
n signed by nen please re to burial, cr y injury, or	NO	PART 2 OTHER SIGN		(c)	R AS A CONSEOU		NOT RELATED	TO THE TERMI	NAL DISEASE	OR CONDITK	ON GIVE	N IN PART 10	ינ
permit. T lene prior is shows at	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES []			WERE FINDING CAUSES	
this certificate has urial-transit perm Mental Hygiene pro I tem 18 show		210 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT		DE INJURY M MONTH D M.	AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATE	DRE OF INJURY IN	TEM 18, PAR	RT T OR PART 2)	
the buri	MEDICAL	WHILE NOT WE AT WORK	HILE [	21R PLACE LAT HOME STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATIO	N		CITY OR TOWN		COUNTY	STATE
use a Heal 21 is	7	22s I certify that (1)		all attended th	e deceased from_			. 19	, to			9	that (I) (we) las
3 0 0 0		sow the deceose above, (1) (we) (c	ed alive an_did)_did not)	view the body	after death.	, ar	d that in (my)	(aur) apinian d	eath occurred	on the date o	nd haur	and fram the	causes stated
RAL DIR etached ate Dept NT: If Ite		226 SIGNATURE	de	KEL	l Mi	)_		TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF ] PHYSICIAN	0	22c. DATE	SIGNED
TO FUNERAL I		224. PHYSICIAN'S N	AME (TYPE OR I	PRINTA			220 ADDRESS						
F & 3 E	23a. f	BURIAL, CREMATION,	REMOVAL	236. DATE	23€.	NAME OF C	EMETERY OR C	REMATORY	23d. LOC AT	ION	_	.OUNTY	STATE
		URIAL _		12-10	0-86	ST. J	OHNS C	EMETE		LYWOO	D S'	T.MAR	Y'S M
	24 61	UNERAL DIRECTOR			_			27 0 400				-	
MH-16 25M	24. F	NAME			ADDRESS			736 DAS	KE CIO BYRE	STATES 125	REGISTR.	ARIS & IGNAT	Mendalin



2 11 1 177 0 5 0

carry constant college body 5, 15th body

Constant Senson

Latinos Tyril . di mar lenose

027729	FOR POR	A FAR		DEPAR	MENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE O O	3 6	, / 3
	I. DECEASE		,	MIDDLE	L	AST	2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
moy be poge 3 er death	(TYPE OR PRIN	MARY	ALIC	JE :	HUSEMA	N	December	6, 1986	4:00A M
Ter De	3 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS DAY	
ge 4		male		nite		g.7°, 1891	95	YRS.	
neral din	Abel	1, Md.	U.S.	what country, $\mathbf{A}$ .	? 8. MARRIEI WIDOWE	NEVER MARRIED	St. Mary	s County	MD
the for differ d	10 CITY OR	TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURS	ING HOME C	R OTHER INSTITUTION	170. USUAL OCCUPAT		OF BUSINESS OR
20 the second		rdtown DENCE (IF NURSING HOME OF	St. Ma	ary's Ho	spital	and their			
AND 21	Mary	land St.1	Mary's	130. CITY OR TO	WN 1	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	/ ZIP CODE 2	0606
RY Sept 1	14. FATHER'S		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST
AM omple		Josiah		Beitz		Eli	zabeth	Norr	is
MORE,		CEASED EVER IN U.S. AF OR UNKNOWN) (1E YES, GIT	RMED FORCES? VE WAR OR DATES)	217-3		17 INFORMANT 4 Elizabeth	ADDR H. Downe		Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours in a ratending physician and completely filled in by use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the stands mandel Hygiene prior to burial, cremation, or removal. Is marked or them 18 showerany injury, as other traumotic event, the medical examination is marked or them 18 showerany injury, as other traumotic event, the medical examinations.	Conce government of the construction of the co	itions, if any, which rise to immediate (a), stating the rise to immediate (b), statin	DE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b. CONDITIONS CO  19b. CONDITIONS CO  AIH  R)  21b. TIME O  HOUR A.  R)  21e PLACE (AT HOME, STR	R AS A CONSEQUENT ON TRIBUTING TO THE PROPERTY OF INJURY M. MONTH IN M. OF INJURY OFFICE TO THE PROPERTY OFFICE TO THE MET OF INJURY OFFICE TO	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM N WAS PERFORMED  216 HOW INJURY OCCUR  211. LOCATION STREET	20a AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE OF INJURE OF INJURE OF IT INTURE OF IT INJURE OF IT IN	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES  JRY IN ITEM 18 PART 1 OR PART 2  DWN COUNTY	DINGS USED LES OF DEATH? NO  STATE
TO HOSPITAL OR ATT retorned by the hospit TO FUNERAL DIRECTS should be detached to with the State Dept. of IMPORTANT: If them 21	776.5	Thaveri, Bha	asker	M. D.			MEDICAL STA □ DIRECTOR □ PHYSIO m, Maryland	SFF CIAN []	TE SIGNED
ВР	(SPECIEY)	CREMATION, REMOVAL Burial				emetery or crematory d Heart Cem	Bushwo	od St.Mar	
DHMH - 16 60M 7/84 (VRA 15, 4)		M. Clarke	Mattin	gley Le	eonard	atown, Md.DE		25b. REGISTRAR'S SIGN	

8277

Liberta Street Live

A THE PARTY OF THE

The mary a coffee a

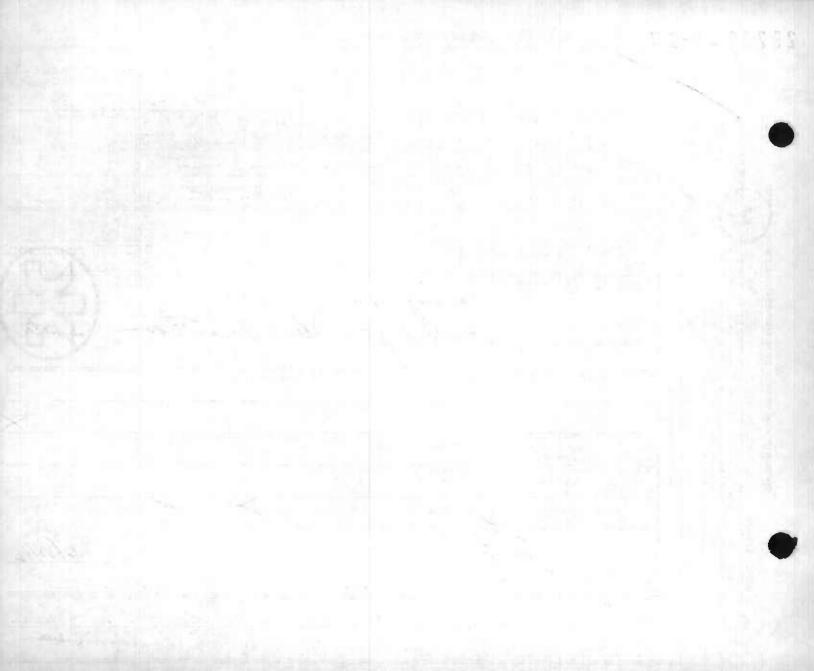
of them 5; 1 kg 1:004

ck. Bazy's Bousty

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH 7h HOUR LYPE OR PRINTS CARROLL IGNATIUS JARBOE 1986 December 2. 6:40 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) SEX 5 DATE OF BIRTH IF UNDER 1 YEAR MONTH DAY WHITE MALE 20.1912 MAY BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIEDX NEVER MARRIED COUNTRY) St. Mary's County MD. USA WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Leonard town St. Mary's Hospital CONSTRUCTION SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13n STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE HOLLYWOOD 3. BOX 9 MD. NOT RT. Mary' 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST James Carroll Jarboe Stone Annie ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Nallie M. Jarboe-No 18 CAUSE OF DEATH (Enter only one couse per ling for (o), (b), old w PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c Conditions, il any, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [ NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 10 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) AT WORK NOT WHILE 22a.1 certify that (I) saw the decembed at and that in (my) (composition death occurred an the date and hour and from the couses stated 27k SIGNATURE GREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS the S J. Patrick Jarboe, M.D. Leonardtown, Maryland 20650 \$ F 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMAT 23d LOCATION Burial 12/5/86 St.John's Cem. Hollywood St. Mary's Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR DHMH - 16 60M 7/B4 DEC 8 Julia Davidson. Randale W. CLARKE MATTINGLEY, LEONARDTOWN. (VRA 15, 4)

weeks the second the second and istigent o'gra .7: grown are On him is har Sucheful a precent to ALL THE WAY TO SEE A SEE AS A SECOND TO SEE AS A SECOND TO SECOND GPOS Temperature come come . Electrophysical design and the company of the compan Michelle 12 1 20 8 320

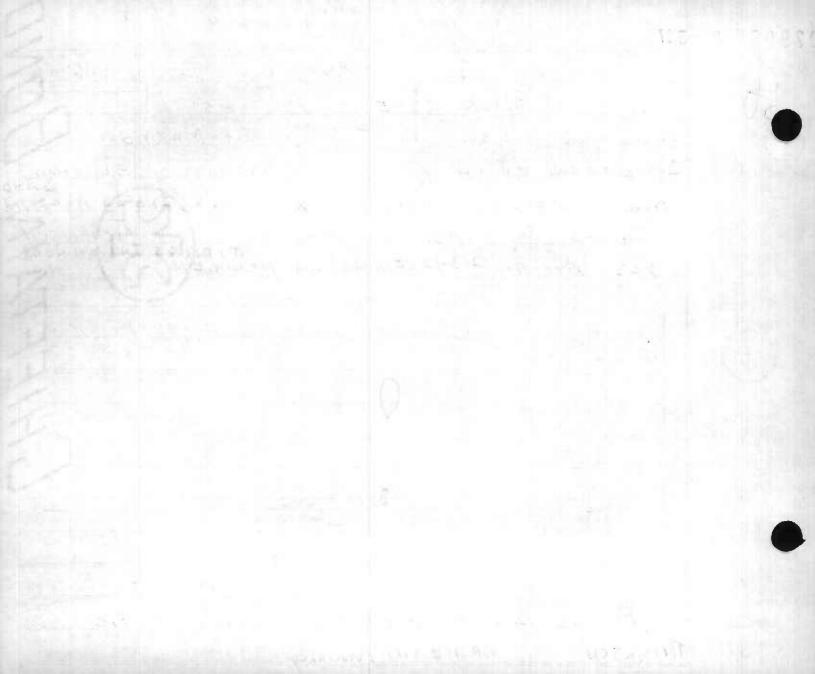
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO DATE KNOWN DEATH MATED Mary Agnes Welch Mattingly 211986 4 RACE DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED May 19,1905 Female White 81 Dec. 21 1986 7h CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Pennsylvania U. S. A. WIDOWED & DIVORCED St Mary's ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LIVE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Lexington Park Naval Hospital Patuxent River Nurse 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES 🗌 New Town Village Maryland St. Mary's Leonardtown NO 🗌 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Welch John J. Marv Kirwin Agnes ADDRES 630 Bonniebrook 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT John B. Mattingly Sylvania, Ohio APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 43560 CAUSE OF DEATH (Enter only one cause per line for (a), (b), end-(c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSTQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspectio and in my opinion death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER James C. Boyd 11 M.D. ADDRESS EXAMINER'S NAME Leonardtown, 20650 Md. TYPE OR PRINT 23d. LOCATION 23a BURIAL, CREMATION, REMOVALE THE DATE 23c. NAME OF CEMETERY OR CREMATORY Dec. 23, 1986 St. Aloysius Cem. Leonardtown St. Mary's Md. Burial 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Aulia Davidson. Clarke Mattingley Leonardtown, Md (VR A15 ME (5))



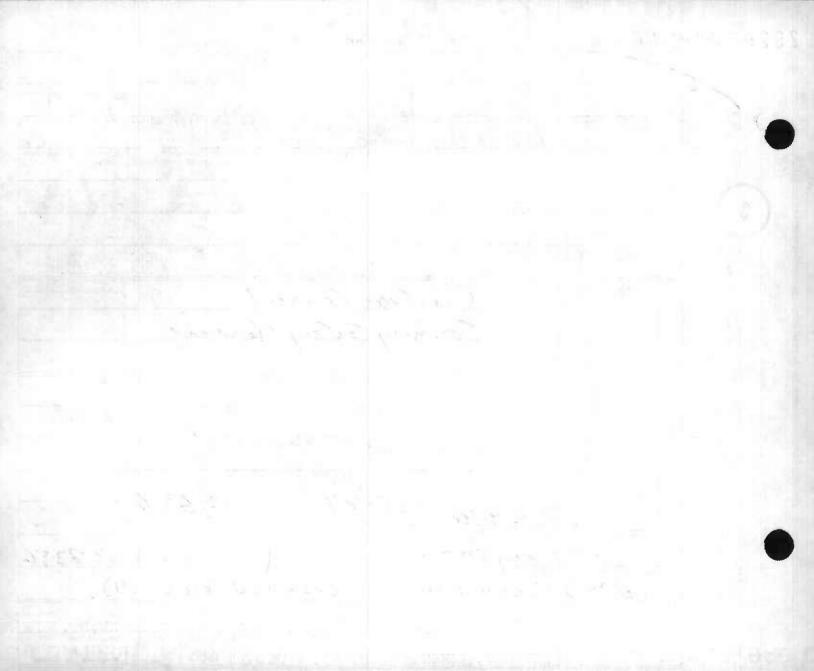
		FOR	DEDA	STATE OF MAKTLAND	VCIENT # 6 3	6 1 7 2
5 1. O 14M 13	17	STATE REGISTRAR	DEP	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 0 7 0
J 4 9 JAN LA	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	Y YEAR 2b HOUR
poge 3		OR PRINT)	E FRANKLIN	MILLER	December 30. 198	
pog er de	3 SE	(	4. RACE	5. DATE OF BIRTH	2 , ,	UNDER 1 YEAR IF UNDER 24 HRS
ector.	I	MALE	BLACK	JAN. 3, 1940	46 yrs.	ONTHS DAYS HOURS MIN.
no direction		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OF COUNTY C	F DEATH
n sero		LORIDA	U.S.A.	WIDOWED DIVORCED	St. Mary's Count	y MD.
		TY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
file of his		eonardtown	St. Mary's Ho		AIR CRAFT MECHAN	
thau	USU 13c. :	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BUNTY 13c CITY OR	EFORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
The state of the s	_	RYLAND ST.	MARY'S LEXING	TON PK. YES DY NO [	417 ROSEWOOD DR	IVE 20653
10/07	14. F/	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
1/00		FRANK	MIL		44 = 48000000000000000000000000000000000	PHILPART
Poges Poges medica	160 \	VAS DECEASED EVER IN U.S. / YES NO OR UNKNOWN) (IF YES. 196	GIVE WAR OR DATES!	ECURITY NO. 17 INFORMANT	417 ROSEWOOD	
		YES 1196.	1-1966 261-56	-8780   DORIS V. MI	LLER, LEXINGTON PAI	
physicion physicion propers. emovol.			only one couse per line for (a), (b)		00567	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph son p rem		IMMEDI	ACUTE (a) ACUTE	RESPIRATORY A	RREST	
endin cork n, or	-	The State of the S	DUE TO, OR AS A CONSE	QUENCE OF	A OF FACE	- Sec. 19.
offe		Conditions, if any, which gove rise to immediate	( (b) IN ETAS	STATIL CARCINON	H OF FACE	
t the	10	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF		
or o	- 10		( (c)			
signi hen p o bu	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TEL	rminal disease or condition given	IN PART Ho
1190	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	20c AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
1 2 2 3 7	FIC					ING CAUSES OF DEATH?
sico	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM IB PAR	
phy phy		OR CONTRIBUTING CAUSE OF		DAY YEAR		
guip and a	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIT	P.M. 21e PLACE OF INJURY	19 21f LOCATION		
offen and a second	×	WHILE NOT WHILE AT WORK	(AT HOME_STREET, FACTORY, OF	ICE, FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
NO TO THE PERSON NO.			spital) attended the deceased from	om 12-24-5-/ 19	to 11-30-FC 19	P, that (I) (we) lost
of of the state of		sow the deceased alive	not) view the body ofter death.		on death occurred an the date and hour o	
hosp PER		22b. SIGNATURE	not) view the body offer deoth.	DEGREE		22c. DATE SIGNED
9 9 9 9		borelle	M. Hatten	MA ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12/30/51
S T		224 PHYSICIAN'S NAME (TYP	E OR PRINT)		MARSHALL RO	90
or HOSPILA etoined by TO FUNEHA mould be a th the State MPORTAIL	13	KRISHAN	M-MATHU	R WALDOR		
O 9 241 34	23o.	SURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		
BP		BURIAL	1/3/87	EVERGREEN MEMORIAL	LEXINGTON PARK,	ST MADVIS M
	24 F	JNERAL DIRECTOR	1+/3/0/		ATE REC'D. BY REGISTRAR 256 DEGISTRA	ARIS SIGNATURA
VHMH - 16 60M 7/84 (VRA 15, 4)	EI	WARD N RRING	FIELD, JR., LEO	rec re	AN 9 1987 Julia	AP'S SIGNATUR
( , ,		WITTEN ITS DIVITO	الابليل ومادن وللبيليد	MINITONIA ' IND.		

TAN 9 1887 Jun June Triber II

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



					OF MARTLAND	- 70 7	-7 %	1 1
On IAN.		FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HY CATE OF DEATH	GIENE &	300	of the
U U JAN	-5					REG. NO		
100		CEASED HAME FIRST	MIODLE	LAS	51	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
82 10	1	WILMER	EDWIN	PALM	ER	DECEMBER	23. 1986	
200	3 SE	X	4 RACE	5 DATE OF		6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER I YEAR	# UNDER 24
6 8	M	ALE	WHITE	DEC.	2 . 1900	0.6		HOURS
語る人		RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNT		2, 1900	86	R COUNTY OF DEATH	
7. A.T.	C	OUNTRY		MARRIED	NEVER MARRIED		e cooliii oi ocaiii	
B 5 30	MI	ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NU	WIDOWED			RY'S	
# # / D	10.0	IT OR TOWN OF DEATH	I IF NOT IN SUCH FACILITY, GIVE S		OTHER INSTITUTION	120 USUAL OCCUPATION		BUSINES
\$ \$ C # C		/ENUE	HOME					
1	USU.	AL RESIDENCE IN NURSING HOME STATE 1136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE I		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	A .	1 -
0 30 3	MI		MARY'S AVEN		YES NO M	GEN. DF	T. An	60
Unit Boy	14 F/	ATHER'S NAME	THE WEST COMMISSION		S MOTHER'S MAIDEN NA			- 4
11/1	1	EDWIN	MIDDLE LAST		FIRST	MIDDLE	LAST	
10.	16g \	VAS DECEASED EVER IN U.S. A			LYDIA 17 INFORMANT	ADDRE	FAUNCE	
ages		YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)				BOX 45	
		NO			CRETGHTON	W PALMER	ABELL, M	
ysiciar pers. F oval. event,		18 CAUSE OF DEATH (Enter	only one cause per line of Tot, (b SED 8Y.	i, and ig	- /	7	APPROXIM BETWEEN ON	ATE INTERVA
signed by ten please r to burial, o	z	underlying couse lost.  PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT N	IOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)	
has beer rmit. The prior	CERTIFICATION	INE DATE OF OPERATION	1% CONDITION FOR WE	HICH OPERATION	WAS PERFORMED	28s AUTOPSY?	20k IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USED OF DEATH
Der gien	¥ #					YES NO NO	YES 🗍	NO []
nding physician. Iter this certificate ha the burial-transit pern and Mental Hygiene irked or Item 18/3ho	U	21a ACCIDENT WAS UNDERLYING		DAY YEAR	HE HOW PHILIPY OCCUR	RED JENTER NATURE OF INJUR	T IN ITEM 18, PART I OR PART 2)	
physical straight of the physical straight of	X	OF CONTRIBUTING CAUSE OF E OF EITHER, NOTEY MEDICAL EXAMINE	44.00	19				
ing ph r this burial d Mer	MEDICAL	214 INJURY OCCURRED	71s PLACE OF INJURY		ZII LOCATION	11 (1107) 10 11 11	COLUMN TO THE PARTY OF THE PART	
r attending IR: After the as the burneralth and Is marked	Z	WHILE D NOT WHILE D	(AT HOME, STREET, FACTORY, OF	FICE FARM, ETC.)	C street	CITY OR YOW	- 1C COUNTY	STATE
		PER	spital attended the dacquised for	5	64 10	12/0	3/800	
		saw the deceased alive of	on 10-9-8ce.	College Colleg	that in (my) (our) apining	death occurred by the do	ite and hour and from the co	101 (II (we
hospital DIRECT hed for Dept. of		27b. SIGNATURE	nati view he body after death.	200	EGREE	311 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Inc DATE 5	A SHIP OF
ained by the hosp FUNERAL DIRE und be detached for the State Dept.		THE SHOWING THE	16 the			V MEDICAL STAF	Contract of the Contract of th	3 - S
RAI deta			19my	7	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		(3- A
ed b		22d. PHYSICIAN'S NAME (TYPE	3 / 1 -	1	22e ADDRESS	12	1.1	
retained by the hospital or TO FUNERAL DIRECTO should be detached for use with the State Dept. of He IMPORTANT: If Item 21		(e) m U	DOYGITO	n)	Leon	trd Tou	N, MO.	
5 7 8 3 5	23a [	BURIAL, CREMATION, REMOVA	AL 236 DATE	23c NAME OF CE	METERY OR CREMATORY	23d. LOCATION		ISTATE
BP	. (	SPECHY)	12/27/86	CHARLE	S MEMORIAL		NARDTONN . ST	
		JNERAL DIRECTOR					256. REGISTRAR'S SIGNATUI	
DHMH-16 25M (VRA 15, 4) 1/79	TAT	OT A DEE MAIN	MINCIEW I DO		0.5	C 3 1 1986		
10,41 1/19	W.	CLARKE MAT	TINGLEY, LEON	NARDTOW	N, MD. U	000 1 1900	Aulia Scoidson. T	andald



MD.

CLARKE MATTINGLEY, LEONARDTOWN,

(VRA 15, 4)

SECTION OF SECTION

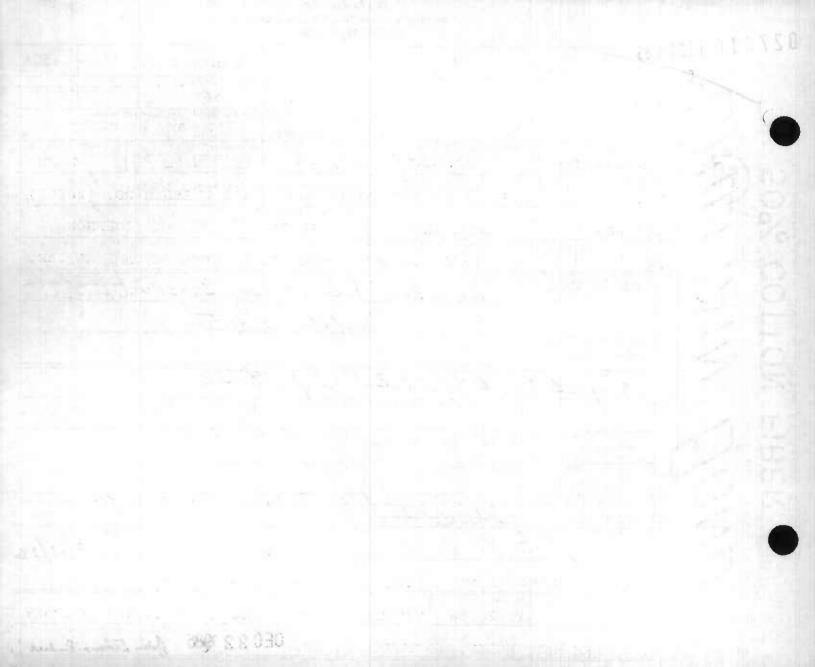
damp? at their of a

LEONARDTOWN.

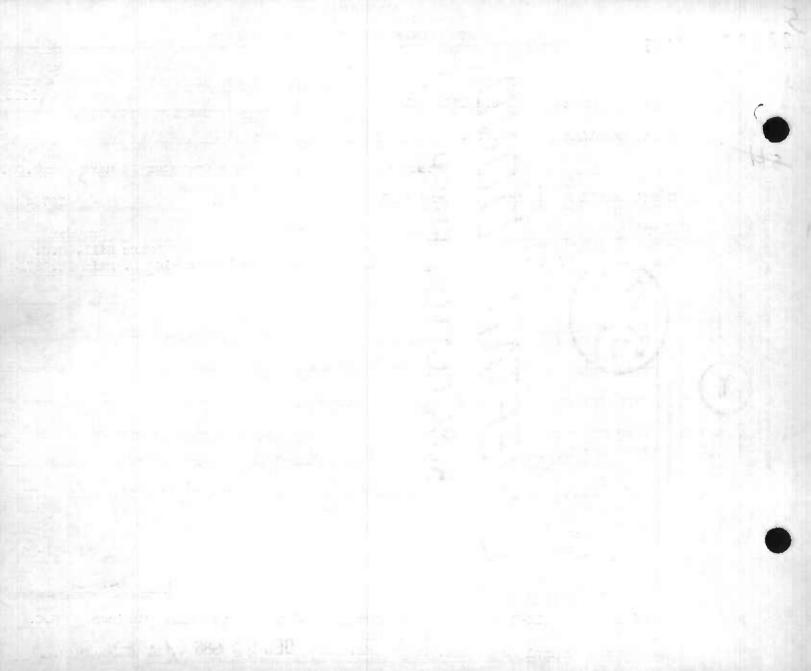
W. CLARKE MATTINGLEY,

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO LIDEGEASED NAME 20. DATE KNOWNXXX (TYPE OR PRINT) ESTI-DEATH MATED Glen D. Ponder 12-20 1986 4. RACE 5. DATE OF BIRTH AGE LIN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 3:30 1986 DEAD Male White Sept. 2, 1945 41 P. M To. BIRTHPLACE ISTATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [ DIVORCED St. Mary's County, North Carolina HE CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Piney Point main pier Steuart Petroleum Co. Barge Operator-Stewart Petro. Co. HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS LISE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS North Carolina Madison Mars Hlll YES [ NOK Rt. 3 28754 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Lloyd Ponder Estie Crowder 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Hill, N.C. (IF YES GIVE WAR OR DATES) Vietnam Capps Funeral Home -144 N. Main St. 28754 463-76-4091 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Thermal & Blast Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 71b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR HOUR A.M. MONTH DAY YEAR 2:30xx 12-20 1986 subject involved in explosion CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (ATHOME. 71d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Piney Pt., St. Mary's Co., Md. pier Autopsy XX 22a I certify that I took charge of the remains described above, held an Inspection and in my opinian Notural couses death resulted from: Homicide Undetermined manner TITLE (SPECIFY) 12-21-86 Assistant SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial 12-24-86 Upper Laurel Baptist Mars Hill, Madison, N.C. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1050 York Rd. DEC 29 1986 Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5)) Julia Dividson . Randale



EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

(VRA 15, 4)



27311 050	1-	FOR STATE BEGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		REG. NO.	3 6 9	O U
- 1 0 1 1 000		CEASED NAME FIRS	T .	MIDDLÉ	t	AST	20. DATE OF D	EATH MONT	H DAY YEAR	26 HOUR
1 11 8			DRENCE	AGNES	SMOTH		Decen	ber	8, 1986	7:00 A
2 2	1. SE	( )	4 RACE		5. DATE C		6. AGE (IN YEA	RS LAST BIRTHDAY	MONTHS DAYS	
ecto a		FEMALE	BLA	CK	JAN		8		YRS.	MIN.
1 1 7		RTHPLACE   DEATE OR FOREIG		f what country	? 8 MARRIE WIDOWE	D NEVER MARRIED			County	440
1 11 11	10. C1	TY OR TOWN OF DEATH			ING HOME	OR OTHER INSTITUTION	12a. USUAL O	CUPATION	12b, KIND	OF BUSINESS OR
1 11 %	Le	onardtown		Mary's Ho			(TYPE OF WORK F	OR MOST OF WOR	KING LIFE) INDUSTRY	
12 19 3K			OME OR OTHER INSTITUTION COUNTY C. MARY S	13t. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e.STREET AL		CODE (20650)	
16/27	_	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N. FIRST		MIDDLE		AST
1 1/QU		JAMES		THOMPS		Mary		ADDRESS	You	ung
Poges medica			S. ARMED FORCES: (ES, GIVE WAR OR DATES)			17 INFORMANT 2 JAMES THO	OMPSON		4121 URN CAPITAL	
uires that the death cer lighted by the arter dica en please removed or a burial, crematics, or a vry, or other trauma	Z	Canditians, if any, whi gave rise to immedia cause (a), stating t underlying cause la PART 2 OTHER SIGNIFIC	ch (b) te he DUE TO, (c) ANT CONDITIONS		UENCE OF	NOT RELATED TO THE TER.	MINAL DISEASE	OR CONDITIO	ON GIVEN IN PART 1	lio:
6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATION	(erelon			H OPERATIO	N WAS PERFORMED	20a AUTOF		IF YES, WERE FIND CERTIFYING CAUSE YES	
inclan. T g physical software mail from		21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR	OF INJURY A.M. MONTH I P.M.	DAY YEAR 19	21c. HOW INJURY OCCU	RRED (ENTERNATU	RE OF INJURY IN I	TEM 18 PART 1 OR PART 2)	
Office this of the condition of the cond	MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK	(AT HOME.	E OF INJURY STREET, FACTORY, OFFICE	E, FARM, ETC }	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
S A S A S A S A S A S A S A S A S A S A		22a.1 certify that (1) (this saw the deceased ali		the deceased fram		nd that in (my) (aur) apiniar	, ta	16		, that (I) (we) last
At OR ATTI the hospit At DiRECTO detucked for one Dept of		abave, (I) (we) (did) (c	did self the for	Gother death.		DEGREE  ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	22c. DAT	E SIGNED
O FUNER Hould be of the Straw		22d PHYSICIAN'S NAME	(TYPE OR PRINT)  N. Shah.	M.D.		22e. ADDRESS  Leonardt	own, MD	20650		
59 54131		BURIAL, CREMATION, REM			. NAME OF C	EMETERY OR CREMATORY	23d LOCAT	ION	COUNTY	STATEME
BP	Sept. Co.	URIAL	12/1	1/86 C	HARLE	S MEMORIAL	GARDEN	S LEO	NARDTOWN	N,ST.MAR
DHMH - 16 60M 7/B4		INERAL DIRECTOR		ADDRESS		25a. DA		GISTRAR 256 F	REGISTRAR'S SIGNA	ATURE

W. CLARKE MATTINGLEY, LEONARDTOWN, MD.

(VRA 15, 4)

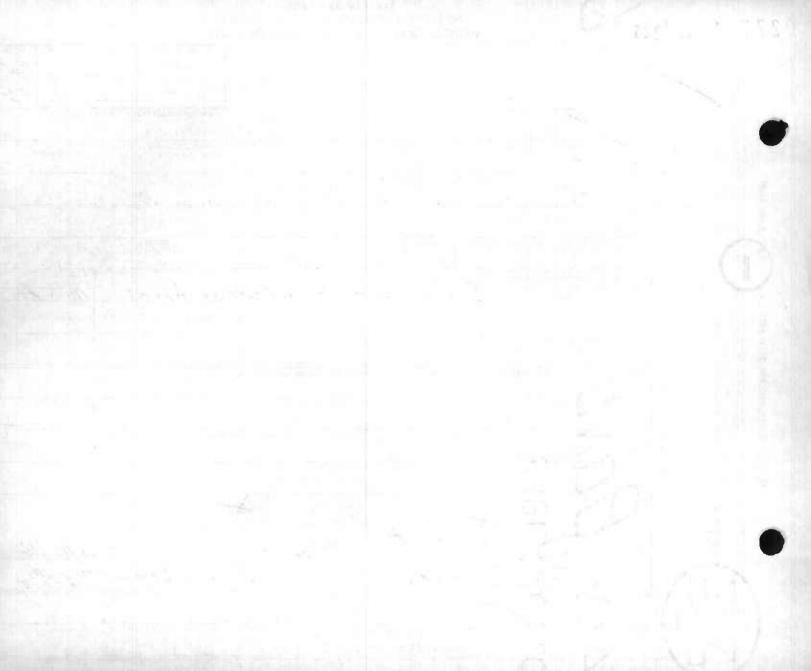
A CO:T SEt , S zeduces E-comber S, 138 7:00 A

trong at post .da

8739 DEC 3	REGISTRAR CERTIFICATE OF DE	ATH REG. NO.
7	I DECEASED NAME FIRST WORLD LAST	ZE DATE OF DEATH MONTH DET YEAR 26 HOUR
of eee	WILLIAM JOHN SMITH	December 20, 1986 6:05 <sup>A</sup> M
4 1	1 SEX 4. RACE 5. DATE OF BIRTH	A AGE (PETEARS LAST RETHOUS) FUNCER LYBAR FUNCER SAME.
· L	MALE BLACK 1 19 19	925 61 YRS
157	The BIRTHPLACE (\$1449) DI PORTION TALE CITIZEN OF WHAT COUNTRY?  D.C. U.S.A. WIDOWED □ DIVI	RRIED XX BALTIMORE CITY OF COUNTY OF DEATH  St. Mary's County MD.
6	Leonardtown St. Marys Hospital	UTION 17% USUAL OCCUPATION 12% KIND OF BUSINESS OR ITHE OF WORK FOR HOST OF WORKING LIFTS INDUSTRY
15	USUAL RESIDENCE (# MARCHE OR OTHER HISTELLICH OVER ELSOHICL BETORE ADMISSION) THE STATE  134 CUTY OR TOWN 134 INSIDE CITY WES	NO DO O O O O O O O O O O O O O O O O O
100	REUBEN SMITH, Sr. LO	JISE E. CHEW
A A		Annapol SMITH, Jr. 431 Boston Heights Circle
tos been signed by the ar puritir. Then please remains the pritir his burial, cremati widthy injury, or other tra	Conditions, if only, which gove risk to immediate couse (of, utating the underlying couse light.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONDITION OF THE CONDITION WAS PERFORMED TO THE CONDITION WAS PERFORMED TO THE CONDITION OF THE CONDITION OF THE CONDITION OF THE CONDITION WAS PERFORMED TO THE CONDITION OF THE CONDITION	
	CONCRETE TO THE PROPERTY OF TH	IRY OCCURRED [10038 Nature Of relief to TEM IS FART 2 DEVANT 2]
an io oak	CHESTINES NOTIFE MEDICAL EXAMINES: P.M. 19   214 INJURY OCCURRED   216, PLACE OF INJURY   217 LOCATION   141 HOME SIRES FACTORS OFFICE FAMILIES: SHEET   141 HOME SIRES FACTORS OFFICE FAMILIES FACTORS OFFICE FAMILIES: SHEET   141 HOME SIRES FACTORS OFFICE FAMILIES FACT	CITY OF TOWN COUNTY STATE
em 21 is ma	27s.1 certify that (1) (this hospital) attended by degeoing from saw the deceased office on obove. (1) (wearddiscled not view the bell attended of the part of that in (my) (so 27s. SIGNATURE)	opinion death occurred on the date and have and from the causes stated
ORTANT: # #	/ Vlankon MI AT	PENDING MEDICAL STAFF PHYSICIAN IN DIRECTOR PHYSICIAN   12/20/46
3 -	J. Patrick Jarboe, M.D. Leona 234. BURIAL CREMATION REMOVAL 220 DATE 135. NAME OF CEMETERY OF CR	
	BURTAL 12-23-1986 ADAMS CHURCH C	EME. Lothian A.A. Maryland
60M 7/84 5, 4)	M FUNERAL DIRECTOR PONO -821 West It	DEC 30 1986 Autio Decision

Contract of the contract of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 027784 DEC MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWNA CTYPE DISPRINTS OF ESTI-DEATH MATED ZACK WINTRES STEVENS 4 RACE DATE OF BIRTH AGE (IN YEARS IE UNDER 1 YR IF UNDER 24 HRS DATE Jan. 26, 1905 LAST BIRTHDAY) PRONOUNCED 10:03 Male Black. Dec. 13, 1086 DEAD In BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED . DIVORCED Maryland St. Mary's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Leonardtown Mary's Hospital Waterman Waterman USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE 136 COUNTY 13c CITY OR TOWN 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES . Maryland St . Mary's Hollywood Box 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Frank Stevens Priscilla Stewart 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 8005 14th Ave. Apt.202 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Joseph 219-16-0301 Hvattsville, Md. 20783 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DE ATH PART I DEATH WAS CAUSED BY: de della IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 7 In EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Natural causes Suicide Hamicide Undetermined manner ACTUAL SIGNATURE PAGE 4 EXAMINER'S NAME TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Buria1 Dec.18,1986 St. John's Church Cem. em. Hollywood, St Mary's 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE BP MD 24 FUNERAL DIRECTOR 59 N. Washington St. DHARH - 17 Brinsfield Funeral Home Leonardtown, Md. 20650 (VR A15 ME (5)) 20M 4/82

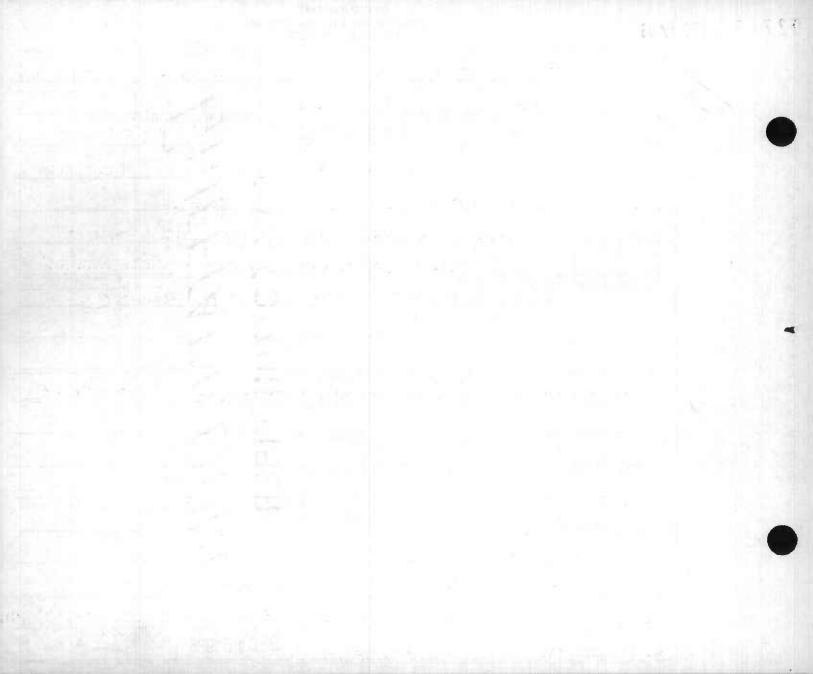


A THE THE PARTY OF 17 86 .

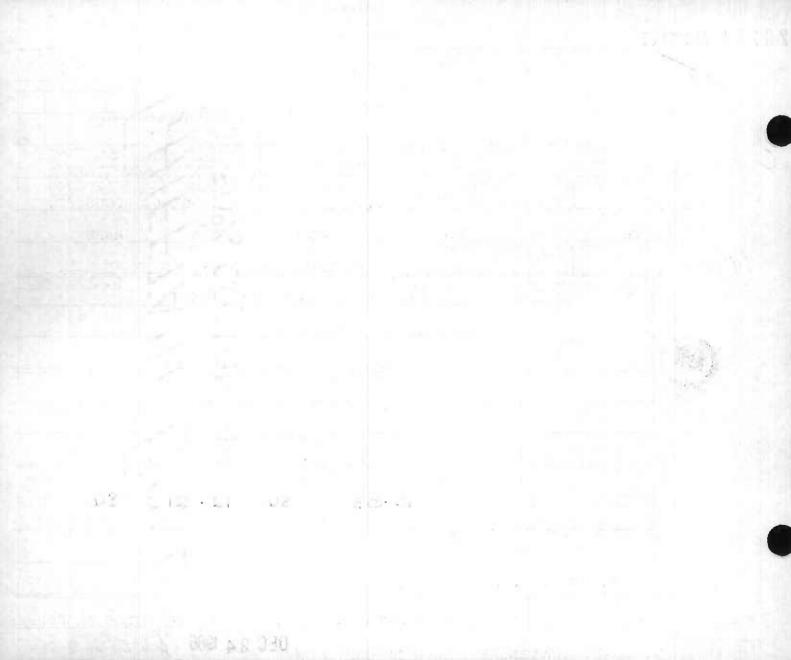
STATE OF MARYLAND

02731314173 mana month Bary Lindon V. 1956 M. med made

27470 DEC	7	FOR TATE		DEPARTA	STATE OF MARYLANI MENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGH	ENE & O	3 6 5	6 9
	1 00	REGISTRAR					REG. NO.		
. m.e	I. DE	CEASED NAME FIRST E OR PRINT)	MIDDLE		LAST		20. DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
noy be		JAM	ES VI	NCENT	TONEY	1,000	December	9 1986	7.30%
e de la	J-SE	X	4. RACE	777	S. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
S S S S S S S S S S S S S S S S S S S	l se	MALE	BLACK		APRIL 18,1	927	58	YRS.	HOURS MIN.
Poge	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY?	MARRIED NEVER MAI	DDIED T	BALTIMORE CITY OR CO	UNTY OF DEATH	
no de la contraction de la con		1D.	USA			RCED	St/ Mar	y's Coun	ty MD
The second secon	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSP (IF NOT IN SUCH FACE		G HOME OR OTHER INSTITU		12a USUAL OCCUPATION		F BUSINESS OR
S of the state of	I.	eonardtown			Hospital		JANITOR	KING LIFE) INDUSTRY  COLL	EGE
be be 2	USU 13a	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	R OTHER INSTITUTION, GIVE R	RESIDENCE BEFORE	ADMISSION)	LIMITES I	13e STREET ADDRESS / ZIP	- 7	f and
ed within 24 h mpletely filled and 2 should b	-	155 600		ARK HA		10	GEN. DEL.	CODE 700	6
tely 2 sh	_	ATHER'S NAME			15. MOTHER'S M		E		
and was	) ,	ROBERT I	GNATIUS	TONE	SARA SARA		CATHERINE	FENWIC	
	160 V	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 :	SOCIAL SECU			ADDRESS		
cote be execut ysicion and co opers. Pages 1 wol.		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR OATES)	20-22-	2909 ROBER	т м.	TONEY F	RT 1 PKBO	X 342
NG PHYSICIAN: The low requires that the death certification of the death certification is certificated by the ortending phase of the buriol-transit permit. Then please remove corbang the and Mental Hygiene prior to buriol, cremotion, or removed or them 18 shows any injury, or other troumotic even	L CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT PRODUCTION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS .  DUE TO, OR AS .  (c)  CONDITIONS CONTR  196. CONDITION  216. TIME OF INJ	A CONSEQUE  A CONSEQUE  IBUTING TO D  OFFICE OF WHICH-	EATH BUT NOT RELATED TO DEPERATION WAS PERFORM	AED NED	200 AUTOPSY? 20b.	IF YES, WERE FINDIN CERTIFYING CAUSES OF YES	S USED
rSIC cert cert vriol Aente	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	R) P.M. 21e. PLACE OF IN		21f. LOCATION				
VG PHY offending ter this is the bund M hond M rked or	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA				CHY OR TOWN	COUNTY	STATE
A A A A A A A A A A A A A A A A A A A		220.1 certify that (I) (this hosp	ital) attended the dec	eased from_		19	, to		that (It (we) lost
Poto for of H		sow the deceosed olive or obove, (1) (we) (did) (did no	1	death 19_	ond that in (my) (ou	ur) opinion de	eoth occurred on the date on	id hour and from the c	couses stoted
OR A DIREC Ched Ched Dept.		774 SIGNATURE	1)h	/	DEGREE	10.00		22c. DATE S	SIGNED
the state of the s		66	Xbuc	1		ENDING YSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN [		
HOSPITAL med by the FUNERAL old be detroped to the Store		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS			THE STATE OF	
TO HOSPITA  TO FUNER  Should be d  with the Sto		N,	Shah, M.I	),		Leona	ardtown, Md		
5 5 5 4 3 8		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF CEMETERY OR CRE		23d LOCATION		
BP	E	BURIAL	12/13/		JAMES CEM		ST. JAMES	ST. MAR	RY'S MI
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR				_	REC'D. BY REGISTRAR 255 R	EGISTRAR'S SIGNATU	JRE
(VRA 15, 4)	M	. CLARKE MAT	TINGLEY,	LEONA	RDTONW, MD	UE	L 1 5 1986 M	a Troidson Pe	adall.

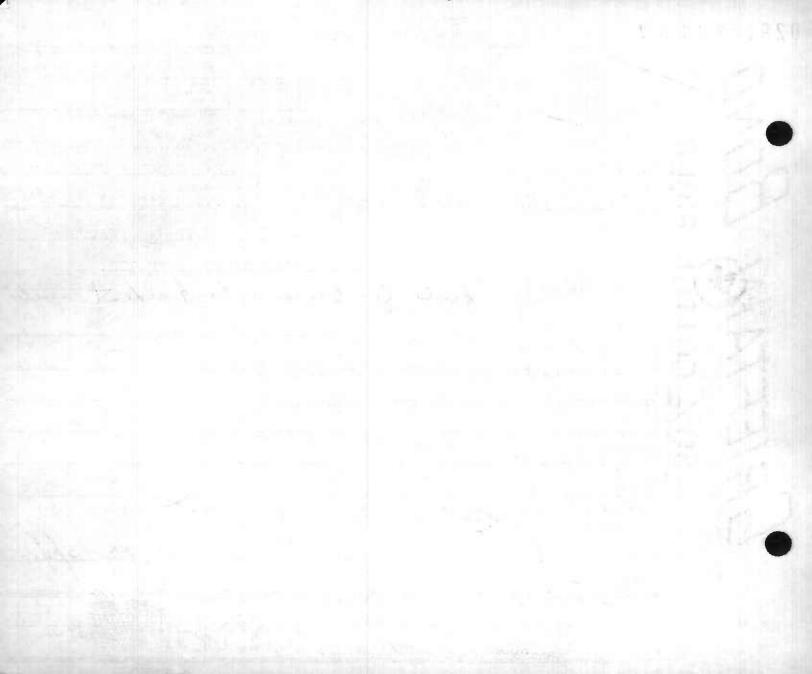


		FOR	DEPA		E OF MARYLAND EALTH AND MENTAL HYG	GIENE & O	3 6 5	0 /
18254 DEC:	9	STATE			ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH ME		2b HOUR
y be		MILDRI	ED MARY	VOG	EL	December	21, 1986	10:0QA
E OF	3 SE	X 4.	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHE		IF UNDER 24 HRS
ge ecto	F	EMALE	WHITE		T.20,1912	74	YRS.	MIN.
8 20 E	10 B	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR		
Cas Juner			USA	WIDOWE		St. Mary	S	MD.
Control of the feet of the fee		Leonardtown	I. NAME OF HOSPITAL, NUR (IF NOT IN SUCH EACILITY, GIVE STI	RSING HOME C	ospital	12a USUAL OCCUPATION		BUSINESS OR
be the	USU	AL RESIDENCE (IF NURSING HOME OF OT STATE 136 COUNTY					1206	
Tille 24				Y POIN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	68 LOCUS	
thin thin	_	ATHER'S NAME		1 1 0 11	15. MOTHER'S MAIDEN NA	ME		51.
p of the car	F	PATRICK HENR	Y SMITH		ADDIE	BELL	HAAS	
oto oto	16a \	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SI		17 INFORMANT	ADDRESS		
TARY /		YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)		PATRICIA AN	UN NACV	SAME AC 131	r r
of Esta		18 CAUSE OF DEATH (Enter only	one couse per line for (a) (b)	andici	I AIRICIA AI	NIN INAGI, L		ATE INTERVAL
		PART I. DEATH WAS CAUSED I	BY:		spiralor	ou Avec	PC L BETWEEN ON	ASET AND DEATH
cert ling or re fic e		IMMEDIATE			711 2000	3 1100		
tend ve co on, o		Conditions, if ony, which	DUE TO, OR AS A CONSE		COPD			
he de mot		gove rise to immediate couse (a), stating the	)		0,0			
by the	1/4	underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF			Smiller	
ned plec	23	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDI	ION CIVEN IN PART 1:a.	
Then to b	Z		20 11010	o o o o o o o o o o o o o o o o o o o	TO THE TERM	IN AL DISEASE ON CONDI	ION GIVEN IN FART 110	
priori	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDING	
hos hos	IFK.					YES NO	N CERTIFYING CAUSES O	OF DEATH?
N. The rough	GR	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II		
SICIAN ng ph certific certific iniol-tr		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR				
ding ding Meri	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION			
G Pl	ž	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
Or of Aft		220.1 certify that (1) (this haspital	) ottended the deceased fro	m12-0	3 1086	, 12 - al	10 860 11	ot (I) (we) lost
TEN TOR or u		saw the deceased alive an above, (1) (we) (did) (did not			d that in (my) (our) apinion	death accurred on the date		( ( )
REC REC		22h SIGNATURE	w the body after depth.		DEGREE		77¢ DATE SI	
the trock of the Plant of the P		100	201		ATTENDING _	MEDICAL STAFF		0.120
O HOSPITAL etoined by the TO FUNERAL should be detriving the State MPORTANT.		22d. PHYSICIAN'S NAME (TYPE OR PI	RINT		PHYSICIAN L	DIRECTOR PHYSICIA	N L	
O HOSP etoined TO FUNE should bit with the S		N. Shah, N	M.D.		Leonard	town, Md		
Shoot of the Market of the shoot of the shoo	230 5	BURIAL, CREMATION, REMOVAL		3. NAME OF C	METERY OR CREMATORY	73d LOCATION		
BP		SPEC (FY)				CITY OR TOWN	COUNTY	STATPA.
DF		URIAL JNERAL DIRECTOR	12/24/86	JEFFER	SON MEMORIA		HILLS, ALI	
DHMH - 16 60M 7/84		NAME	ADDRES		DEC	2 4 1986	Julia Davidson &	
(VRA 15, 4)	_ N	. CLARKE MATT	INGLEY, LEO	NARDTC	WN MD	2		

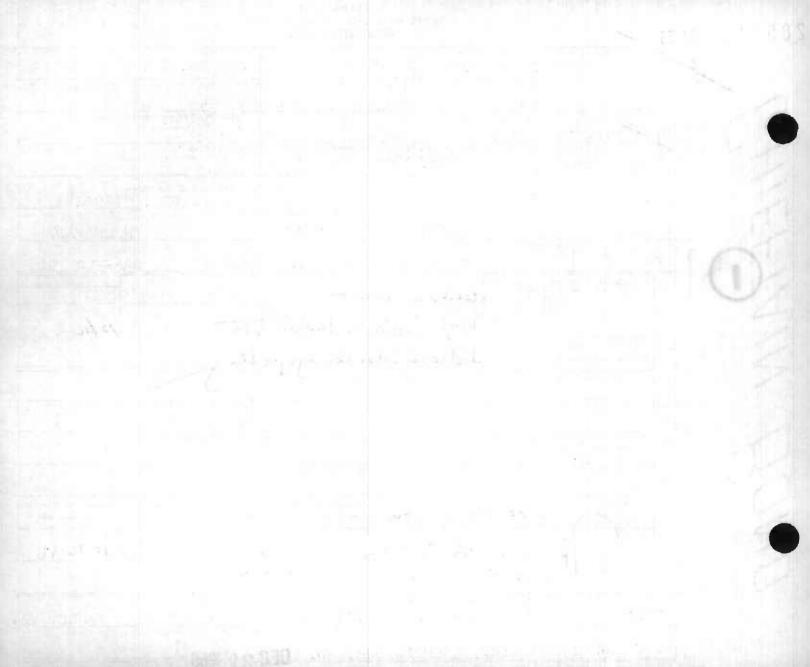


			FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE B 6	3697
3155 JA	M.	-5	REGISTRAR				ICATE OF DEATH	REG. N	
,			CEASED NAME FIRST		MIDDLE		AST		MONTH DAY YEAR 26 HOUR
ge 3 eoth		[TYPE	OR PRINT) RICH	ART		IN	400	1000	12/22/86 7440
de de	ŀ	3. SE>		A RACE		5 DATE C	F RIPTH	6. AGE (IN YEARS LAST BIR	, , , , , , , , , , , , , , , , , , , ,
ofte ofte		2 02,		1.11		MONTH	DAY YEAR		MONTHS DAYS HOURS MIN
irect ours		7 00	male RTHPLACE (STATE OR FOREIGN	whit		2	8 1896	90	YRS.
Z Prolo	1	(	OUNTRY		WHAT COUNTRY?	MARRIE	NEVER MARRIED		OR COUNTY OF DEATH
Te hin			shington DC	USA		WIDOWE		St. Mary	
1 1 20	5	10. C1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET :		R OTHER INSTITUTION A	120 USUAL OCCUPAT	DE WORKING LIFET INDUSTRY
by filled	4		arlotte Hall		tte Hall		ans Home	mecanic	DC Tran sit
hou hou	1		L RESIDENCE (IF NURSING HOME OF TATE 136 COUN		GIVE RESIDENCE BEFORE		1334 INSIDE CITY LIMITS?	124 STREET ADDRESS	/ 7/B CODE
24 filled ould			aryalnd Calv		Chesapea			Hillview	Drive 20732
tely 2 sh	7		THER'S NAME		-		15 MOTHER'S MAIDEN NA		
3 9 d 0 04	11	) .	unknown	MIDDLE	LAST		unknown	MIDDLE	LAST
s l con	7	-	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS
ogo ogo	2	all a	7 77 77	E WAR OR DATES)			Richard E Wa	rd Samo as	#13
re r	-		7				RICHARD E WA	ta balle as	
100	8		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per D BY:			ne. no	0-/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MAN.	0		IMMEDIA	TE CAUSE (a)	CALCOTOR	OLF	un Alg AR	KES 7	
gned by the property of the pr			cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	(c)		E) A			DISTON GIVEN IN PART 110
事 5年8年		O	DEMEN	164					
1 1116	V	CERTIFICATION	190 DATE OF OPERATION	1% COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FINDINGS USED
21 241 6	71	TE						YES NOT	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
of the state of th	7	CER	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART ( OR PART 2)
34 THE E	9	¥	OR CONTRIBUTING CAUSE OF DEA	CIPI .	M. MONTH DA	Y YEAR			
2 2 2 2 2	/	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	- ''	21f LOCATION		
t to be	41	Σ	WHILE NOT WHILE AT WORK	(AT HOME STE	REET FACTORY, OFFICE, FA	ARM ETC )	STREET	CITY OR TO	OWN COUNTY STATE
なるなる			22a 1 certify that (I) (this haspi	tal) attended th	e deceased from		. 19	to	
1 2 2 2 2	- 1	10	saw the deceased alive on		19	. 01			ate and hour and from the causes stated
THE REAL	- 1		abave, (1) (we) (did) (d) The 22b, SIGNATURE	t) view the body	after death.		DEGREE		22c DATE SIGNED
0 0 00 0			///	H My	1		ATTENDING PHYSICIAN	MEDICAL STAI	FF
A Stort	+		22d. PHYSICIAN'S NAME	None	right	my	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN 🗌
PER	П	6-1			~			0-	=
0 th 0 th 0			7 7 - 7	v H. W	F.70EZ		08 X 969-C	PRINCE	FREDERICKY) 20
> -		23a B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION	COUNTY
BP			burial	Dec 2	4 86   C€	dar F	ill	Suitland	PG Maryland
DHMH - 16 60M 7/84		WFY	NERAL DIRECTOR	1	16	79	4 CATE DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
(VRA 15, 4)		1	nuch fun	nal/	Home!	Mu	uso Min	0 1486 /	· F. · · · · · ·
	1				- Luc 9		A CONTRACTOR OF THE PARTY OF TH	1 to	LA TECHNOLOGICA CONTRACTOR

			FOR		77.00	DEPARTME		ALTH AND	MENTALH	YGIENE	h	3 8	, -)	
029	182 JAN	JE	STATE REGISTRAR						FICATE O	0	050	0 0	, ,	3
1		1. DE	CEASED NAME	FIRST		WIDDLE		LAST			REG. N		YEAR	26. HOUR
	IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE 5 FOR YOUR FILES. ED, WITHIN THOURS FINE OF SESSION STREET.	(TYP	E OR PRINTI	ERRILL	CTAE	ENCE		***	~	Of				
	TA REPRESENTANT	J. SEX		RACE	Is, DATE OF BIRTH		AGE (IN YEARS	WATT IF UNDER 1 Y	YR. IF UNDER			MONTH DAY	YEAR	2d. HOUR
	ST HOUSE		LE	WHITE	MONTH DAY	YEAR	LAST BIRTHDAY)	MONTHS DAY		MIN PRONC	DUNCED	DEG 20	06	
	A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	-	RTHPLACE (STA		AUG.21,		87 YRS.					DEC.29		M
	CESS CESS	FC	REIGN COUNTRY)			TAT COUNTR			NEVER MARRI	ED U			EAIR	
	S NE S NE		INE	NE DEATH	USA 11. NAME OF HOS	DITAL MILIDS			M DIVORC	Il2a USUAL OC	CLIPATION OF		ID OF BUS	MD.
	C T O 3 O 1				(IF NOT IN SUCH FA			COLLEK IIASI	ITIOTION	FOR MOST OF			INDUSTR	
			ONARDI		OR OTHER INSTITUTION, G	AL DECIDENCE DES	005 - 0.0000000			POLE :	INSPEC	TOR ELE	CTRI	C_CO
201	ANY DEL AND 3 TO RETAIN P COULD BE COROSS		TATE	136 COUP		13c. CITY OF		13d INS	IDE CITY LIMITS?	13e STREET AD	DRESS	2	11	1-1
. 21	4 4 8 0 B		MD.	ST.	MARY'S	LEON	ARDTO		***		30X 41	0 90	16	00
QW.	H-825	14. E/	ATHER'S NAME FIRST		MIDDLE	LAS		15. MC	OTHER'S MAIDE FIRST	NAME	MIDDLE	ı	AST	
ORE	DEATH DEATH		ARENCE		I.	WATT			MARY	E.	ΓΤΑ	WATT	S	
BALTIMORE, MD. 21201	PAC	16a V	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	111111111111111111111111111111111111111	L SECURITY N		ORMANT		ADDRES	55		
NAL SAL	A TENT	NC					05 - 703	33 ISA	ABELLA	WATTS	SAME			
1	30 3/10		18 CAUSE OF	DEATH (Enter or	nly one couse per line	for (o), (b), o	nd (c).)	1		1	1	API	PROXIMATE I	NTERVAL
PRESTON ST.,	I ZAZ		TAKI I DEA		TE CAUSE (o)	cule	Ce	retry	ovas	rula	Acce	den	em	edio
ESTO	NOV HYCO		0 150	4		AS A CONSE	QUENCE OF					100		
	ITHIN IN NER AIR AIR AIR AIR HY		gove rise	s, if any, which to immediate	(b)									
3	> 4 5 F Z O		cause (a) : lying caus	stating the <u>under</u> e last.	DUE TO, OR	AS A CONSE	QUENCE OF							
, 20	DA EXA				(c)									
DIVISION OF VITAL RECORDS, 201 W.	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN F. SED TO THE CHIEF MEDICAL EXA 35 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MIT PRIOR TO BURIAL CREMATION,	z	PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR COND	DITION GIVEN IN PAI	RT 1 (a):				
E C	WEAL CR	CERTIFICATION	190 DATE OF	OPERATION	119h CONDI	TION FOR WE	HICH OPERATI	ON WAS PERI	FORMED?			120 A	UTOPSY?	
Z	SP HIEF	FC.												
>	N S S S S S S S S S S S S S S S S S S S	E	210 EXTERNAL	CAUSE WAS	216 TIME O	FINJURY		It HOW IN II	URY OCCURRE	D (ENTER NATURE O	F INTURY IN ITEM 1:		ES 🗌	NO []
Ō	CATE WE WILD B THE WILD B TAMEN		UNDERLYING	OR		MONTH D	AY YEAR		ON OCCOME	0 (22		01 All 1 Oll 7 All 2)		
Sio	SHOUTH OF THE OF	MEDICAL	214 INJURY O	G CAUSE OF		OF INJURY (	19 AT HOME	If. LOCATION	4					
IVI O	WRITING ARDED ARDED GE 3 SH (GE 3 SH (TE DEP)	ME	WHILE AT WORK			TORY, FARM, ETC.)		STREET		CITY OF	TOWN	COUNTY		STATE
SEN.	12244-		AT WORK	AT WORK										
	VATE, WATER THIS CATE, WATER THIS STATE OF STATE		22a   certify	that I took char	ge of the remains de-	cribed obove,	held an	Autopsy L	, Inspection	n L, Inqu		and in my opinion		
	E BELLE		death resulte	d from Note	iral gainey	Accident L	, Suicid	, Ho	amicide .	Undetermined	manner			
	EXAMI CERTIFI ULD BE DIRECT WITH		ACTUAL	/	CH.			TITL	LE (SPECIFY)			DATE	1	1
	ZHZZHW.		SIGNATURE_	11	11	-		M.D		MEDICAL EX	AMINER	SIGNED/	2/31/	86
	0 5 4 M 3 8		EXAMINER'S N		1								/	
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFEADEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		(TYPE OR PRIN	- 2		BOYD,		ADDRES		NARDTO		- the T		
	E M 0 E 4 00	1:	SPECIFY)	ION, REMOVAL			ME OF CEMET			23d. LOCATIO		COUNTY	STA	_
07/84 25M	BP		JRIAL UNERAL DIRECT	OB	12/31/8	6 SOL	OMONS	METHO	ODIST	QEM.SO	LOMONS	CALVER		ID.
2.5/11	DHMH - 17	74 F	NAME		ADDRESS	T	DD=		JA M	2 1027	KAR ZIBIREC	GATRAR'S SIGNATU	lies	
	(VR A15 ME (5))	W.	CLARI	E MATT	'INGLEY,	LEONA	RDTOW	N,MD.	MAIN	2 1001	9			



3   DEC 31	85	FOR STATE REGISTRAR			PARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 👸 O	3 6	, y ,
- n= n	1	CONTROL ST	FIRST	MIDDLE		LAST CONTRACT	20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR
4 40	1 11		EARL	MAE		ENFORTH	December 26		10:20
+ 55	3. SE.		4 RACE		5 DATE MONI	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS M
Poge direction		RTHPLACE	WHITE  TE CITIZEN OF			CF 14,1909	77 YR  9 BALTIMORE CITY OR COUR		
\$ BE X		EST VIRGIN		WIIAI COO	MARRI	EDXXNEVER MARRIED	St. Mary's	VII OF DEATH	
176	10 C	TY OR TOWN OF DEATH	1 11. NAME OF	HOSPITAL, N	WIDOW JURSING HOME STREET (DORESS) MATY	ED DIVORCED DOROTHER INSTITUTION 'S Hospital	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKIN		OF BUSINESS
Taled in position of the control of	MI MI		SHOME OR OTHER INSTITUTION BY COUNTY ST. MARY 'S	13c. CITY O	RIOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		28)
1 12/027		ATHER'S NAME FIRST	WIDDLE	IA	ST	15. MOTHER'S MAIDEN NA	ME		.ST
1 1700	-	WARD		OFFMA		ADDIE		MACNA	
	160 \	WAS DECEASED EVER IN	U.S. ARMED FORCES?		SECURITY NO.	17. INFORMANT	ADDRESS		111
E 1150:1	NC					LAKE V.WEA	SENFORTH	SAME A	
1 447		18 CAUSE OF DEATH I	Enter only one cause per SCAUSED BY:	r line for (a),	bl, and (cl.)	TO THE ST		BETWEEN	XIMATE INTERVA
1 861		I/V	MEDIATE CAUSE (a)	render	e ar	vo t			
the death the attend remove co emotion, a		Canditians, if any, w gave rise to immed cause (a), stating	which (b)_	nego	SEQUENCE OF	e Infaic	tun	12h	
to de de		underlying couse	last.	Indie	run Co	uder hys va	ellen	13/10/	
equests Then pla Then pla to born injury, o	NOI	PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTIN	G TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISPASE OR CONDITION	GIVEN IN PART 1	sa .
1,1119	CERTIFICATION	190 DATE OF OPERATIO	ON 196 COND	ITION FOR V	HICH OPERATIO	ON WAS PERFORMED		YES, WERE FINDS	
Paris Physics		210 ACCIDENT WAS UNDERSON CONTRIBUTING CAU	ISE OF DEATH HOUR A		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)	
offerson attento atthe tood My	MEDICAL	21d INJURY OCCURRED	LAT MOME ST	OF INJURY	OFFICE, FARM ETC 1	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAT
NO WORK		22a.1 certify that (1) (th	nis haspital) attended t		and a	, 19	to		that (I) (we)
THE CONTRACTOR		above (I) (we) Mid	alive an 12. 2 ) (did not) view the bady	after death.	19 36 .0	nd that in (my) (aur) apinion	death occurred on the date and	haur and from the	causes state
7AL DRE TAL DRE defoched defoched of I her		226 SIGNATURE	1	en:	5	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATI	SIGNED
O FUNE hould be detected by		John	F. Fenwi	ck, M	. D.	Leonar	dtown, Md		
25 -212/	23a E	BURIAL, CREMATION, RE				EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	IRI	RTAL	12/2	9/86	DAVITC	CIEMPENEDA			
BP			14/4	2/00	DAVIS	CEMETERY	RIDGEVILLE		WEST V
BP		JNERAL DIRECTOR CLARKE M	9/41/12/12/12	ADI	DECC	250 DA	E REC'D. BY REGISTRAR 25b. REC		



Commence the Internet of Themas March 1 / Kan James James To B Mit 2 1 January Character of the The second of th